Summary of Waste Streams	Container Type Description	
Scrap Cardboard	15 yd. box	
Scrap Wood	15 yd. box	
Flyash	30 yd. box	
Metallic Powder 1	15 yd. box	
Concrete & dirt	20 yd. box	
Boxes & Bands	20 yd. box	
Concrete & Chips 7 boxes	30 yd. box	
Concrete/Tile 3 boxes	30 yd. box	
Scrap Pipe & Insulation 3 boxes	20 yd. box	
Boxes, Bands, and Ceiling Insulation 1 box	30 yd. box	
Scrap Wood & tires 1 box	30 yd. box	
Metal Chips & dirt 1 box	20 yd. box	
Scrap friction paper 1 box	30 yd. box	

EPA Region 5 Records Ctr. 368949



□ HAZARDOUS → NON-HAZARDOUS → WASTE □ RECLAIMABLE MATL. NO. 1/1/8/08

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This is to certify that the above named m	naterials are properly cla	Ssified, describe	45401 d. packaged, i	marked and	labeled, and are in proper condition for
transportation according to the application					
Signature	Print 1	Name	7. F. 17.	2201	Phone (527 633)
TRANSPORTER					
COMPANY	J. A. 18		STA	TE I.D. COL	DE
ADDRESS	····		JOE	3 I.D. NO	
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This is to certify acceptance of the abo	•	• •	• •	• •	•
Signature	Print N	Name			Date Received
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. □ 18 18 18

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ADDRESS1_20_WISCONS	IN BLVD			RCHASE OR	DER
CITYDAYTON	STATE	OHIO	-45401 ²	ZIP	PHONE
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, r	marked and i	labeled, and are in proper condition fo
transportation accor@HDcQ6092856	e regulations of the D	epartment of Tr	ansportation a	ind the EPA	. Keep gold copy for your records.
Signature	Print I	Name	1 - A FM	TOON	Phone <u>\$33.7-3.377</u>
TRANSPORTER					
COMPANY					
ADDRESS					
CITY					
This is to certify acceptance of the abo	·	•			
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TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICA	ATION COD	E NO
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Signature	Print I	Name	·		Date
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO.

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GENERATOR DELCO MORAII					ENO. <u>041</u>		
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This is to certify that the above named n							
transportation according to the applica							
Signature	Print I	Name	T. EA	NOS	Phone -		
TRANSPORTER							
COMPANY	5 AME		•		DE		٠.
ADDRESS							
CITY							
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your rec	ords. Appi	ropriate placards	were offered	l.
Signature	Print I	Name			Date Re	ceived	<u> </u>
TREATMENT/DISPOSAL FACILITY			,		E NO		
COMPANY S. DAYTO.	1 LANDELO	<u> </u>	STAT	E I.D. NO.			
ADDRESS							
CITY DAYTON	STATE	0410	ZI	Р	PHONE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This is to certify completion of treatmen	it, storage, reclamation,	or disposal in co	ompliance with	appropriat	e regulations. Ne	sp canary c	opy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin upo	on receipt	of signed copy of	f this mani	fest.
Signature	Print !	Name			Date		100
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□ HAZARDOUS □ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO.

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					ENO.042060128551	
COMPANY NAME DELCO MORAIN	E DIV. GMU		STATE	I.D. NO.	DED .	
ADDRESS1 20 WISCONS						
CITY DAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	45401 d, packaged, ma	rked and	abeled, and are in proper condition for	
transportation accor@hb0c06092868	e regulations of the D	epartment of Tr	ansportàtion and	the EPA	Keep gold copy for your records.	
Signature	Print N	Name	REAK.	wal	Phone 227.6311	
TRANSPORTER					<u> </u>	
COMPANY	SAME		STATE	I.D. COL	DE	
ADDRESS			JOB I.I	D. NO		
CITY					*	
This is to certify acceptance of the abou	•	•				
Signature	Print P	Name			Date Received	
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COMPANY						
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature	_			-	• • • • • • • • • • • • • • • • • • • •	
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ENVIRONMENTAL MANIFEST | HAZARDOUS | TONON-HAZARDOUS | TOWASTE | RECLAIMABLE MATL. | NO. | A 1830

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	CI	ERTIFICATIO	N		
GENERATOR DATE S	HIPPED	3-83 EP	A IDENTIFIC	ATION COD	DE NO. DAY 060928 761
COMPANY NAME DELCO MORAIN ADDRESS 1420 WISCONS	IE DIV. GMC		STA	ATE I.D. NO.	
ADDRESS 1420 WISCONS	SIN BLVD.		PUF	RCHASE OR	RDER
CITY — DAYTON	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named m					
transportation according to the asset to the second					
Signature	Print N				•
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ADDRESS	FINA		STA	ATE I.D. COI	DE
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Signature	•	• •			
COMPANY	ON LAND	=120	STA	TELD NO.	
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ADDRESS CITY This is to contifu completion of Average	Z STATE	NHID		ZIP	PHONE PHONE regulations. Keep canary copy for
This is to certify completion of treatment	i, storage, reclamation,				
your records. Forward white copy to	-		-	•	• • • • • • • • • • • • • • • • • • • •
Signature	Print N	Name		· ·	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1837

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□ RECLAMATION □ II	NCINERATION	D LAN	DFILL DOTH	ER (Specify)
ADDITIONAL INFORMATION:		·	:	
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		ERTIFICATION		0011 010028-11
GENERATOR DATE S COMPANY NAME DELCO MORAII	NE DIV. GMC	<u> ジーディーン</u> EP	A IDENTIFICATION COL	DE NO. 041 060928561
ADDRESS	SIN RI VD		PURCHASE OF	RDFR
CITYDAYTON	STATE	OHIO	ZIP	PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
transportation according to 12092856				
Signature	Print N	Name	KEARLOW	Phone <u> </u>
TRANSPORTER		EP	A IDENTIFICATION NO.	
COMPANY	SAME			DE
ADDRESS				
CITY				
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	ppy for your records. App	ropriate placards were offered.
Signature	Print N	Name		Date Received
TREATMENT/DISPOSAL FACILITY	,	EP	A IDENTIFICATION COL	DE NO
COMPANY SAY 70	1 LANJEIL	<u> </u>	STATE I.D. NO	<u></u>
ADDRESS			JOB NO	
CITY DAYTON	STATE	<u> 04 10 </u>	ZIP	PHONE
This is to certify completion of treatmen			· ·	4.
your records. Forward white copy to		•	will begin upon receipt	t of signed copy of this manifest.
Signature	Print N	Name	·	Date
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□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. A 1833

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GENERATOR COMPANY NAME DELCO MORAIN	E'DIV. GMO				ENO. ON) Uhogo 8 61
ADDRESS i 20 WISCONS	IN BLVD.	···········			DER
CITYDAYTON		OHIO			PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d. packaged.	marked and l	labeled, and are in proper condition for
transportation according to the applica	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print P	Name	RE	14.220N	Phone <u> </u>
TRANSPORTER					
COMPANY	SAMIE		ST.	ATE I.D. CO	DE
ADDRESS			JO	B 1.D. NO	
CITY					
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your i	records. Appi	ropriate placards were offered.
Signature	Print I	Name		<u> </u>	Date Received
TREATMENT/DISPOSAL FACILITY	,	EP	A IDENTIFIC	ATION COD	E NO
COMPANY	iTON LAIN	FILL	ST	ATE I.D. NO.	
ADDRESS			JO	B NO	<u> </u>
TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY	STATE	OHII)		ZIP	PHONE
This is to certify completion of treatmen your records. Forward white copy to	t, storage, reclamation,	or disposal in co	mpliance wi	th appropriat	e regulations. Keep canary copy for
Signature	Print I	Name			Date
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□ HAZARDOUS □-WASTE □ RECLAIMABLE MATL. NO.

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				ENO 94 060 92 8 61
COMPANY NAME _DELCO MORAL	NE DIV. GMQ		STATE I.D. NO.	
ADDRESS 1:20 WISCON	SIN BLVD.		PURCHASE OF	IDER
CITY DAYION This is to certify that the above named	materials are properly of	OHIO describe	45401 ZIP	labeled, and are in proper condition for
transportation accor 04000509285				
Signature	Print	Name	15 AR John	Phone 7 = 6 - 91
TRANSPORTER	Tillie (·
COMPANY	TAME	EP	STATE LD COL	DE
ADDRESS		7.2	JOB I.D. NO	
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This is to certify acceptance of the ab-	ove materials for shipme	nt. Keep pink co	ppy for your records. App	ropriate placards were offered.
Signature	Print (Name		Date Received
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TREATMENT/DISPOSAL FACILITY COMPANY	TON LAND,	F11(STATE I.D. NO.	
ADDRESS			JOB NO	
ADDRESS	STATE	0410	ZIP	PHONE
This is to certify completion of treatme	nt, storage, reclamation.	or disposal in co	ompliance with appropriat	e regulations. Keep canary copy for
Your records. Forward white copy to	o generator. Processing	of vour invoice	will begin upon receipt	of signed copy of this manifest.
Signature	Print I	Name		Date



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 43

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GENERATOR COMPANY NAME DELCO MORAL	NE DIV. GMC					
GENERATOR DATE S COMPANY NAME DELCO MORAL ADDRESS	NE DIV. GMC		STATE I.D. NO.	DER		
GENERATOR DATES COMPANY NAME DELCO MORAL ADDRESS 1420 WISCON CITY DAYTON	NE DIV. GMC SIN BLVD.		STATE I.D. NO. PURCHASE OR	DER		
ADDRESS 1:20 WISCON CITY DAYTON This is to certify that the above named r	NE DIV. GMC SIN BLVD. STATE materials are properly cla	OHIQ ssified, describe	STATE I.D. NO. PURCHASE OR STATE I.D. NO. PURCHASE OR STATE I.D. NO. PURCHASE OR PURCHASE OR PURCHASE I.D. NO.	DERPHONEabeled, and are in proper condition fo		
ADDRESS 1420 WISCON CITY DAYTON This is to certify that the above named retransportation according 0.609285	NE DIV. GMC SIN BLVD. STATE materials are properly cla	OHIQ ssified, describe epartment of Tra	STATE I.D. NO. PURCHASE OR 45401 ZIP d, packaged, marked and lansportation and the EPA	DERPHONE abeled, and are in proper condition for Keep gold copy for your records.		
ADDRESS 1420 WISCON CITY DAYTON This is to certify that the above named retransportation according 0.609285 Signature	NE DIV. GMC SIN BLVD. STATE materials are properly cla	OHIQ ssified, describe epartment of Tra	STATE I.D. NO. PURCHASE OR 45401 ZIP d, packaged, marked and lansportation and the EPA	DERPHONE abeled, and are in proper condition for Keep gold copy for your records.		
ADDRESS 1420 WISCON CITY DAYTON This is to certify that the above named r transportation according 9609285 Signature TRANSPORTER	SIN BLVD. STATE materials are properly cla file regulations of the D Print N	SSIFIED, describe epartment of Tra	STATE I.D. NO. PURCHASE OR #5401 ZIP d, packaged, marked and lansportation and the EPA A IDENTIFICATION NO.	DERPHONE abeled, and are in proper condition for Keep gold copy for your records. Phone 327.6391		
ADDRESS 1420 WISCON CITY DAYTON This is to certify that the above named retransportation according to 160 2285 Signature TRANSPORTER COMPANY	NE DIV. GMC SIN BLVD. STATE materials are properly cla file regulations of the D Print N	Ssified, describe epartment of Tra NameEPa	STATE I.D. NO. PURCHASE OR #5401 ZIP d, packaged, marked and ansportation and the EPA A IDENTIFICATION NO. STATE I.D. COL	DER PHONE abeled, and are in proper condition for Keep gold copy for your records. Phone 327.6391		
ADDRESS 1420 WISCON CITY DAYTON This is to certify that the above named retransportation according to 1609285 Signature TRANSPORTER COMPANY ADDRESS	NE DIV. GMC SIN BLVD. STATE materials are properly cla file regulations of the D Print N	ssified, describe epartment of Tra Name	STATE I.D. NO. PURCHASE OR #5401 ZIP d, packaged, marked and ansportation and the EPA A IDENTIFICATION NO. STATE I.D. COL JOB I.D. NO.	DERPHONE abeled, and are in proper condition fo Keep gold copy for your recordsPhone		
ADDRESS 1420 WISCON CITY DAYTON This is to certify that the above named retransportation according to 16 aprenticular transportation according trans	NE DIV. GMC SIN BLVD. STATE materials are properly cla file regulations of the D Print I	ssified, describe epartment of Tra Name EPa	STATE I.D. NO. PURCHASE OR #5401 ZIP d, packaged, marked and lansportation and the EPA A IDENTIFICATION NO. STATE I.D. COL JOB I.D. NO. ZIP	DERPHONE abeled, and are in proper condition fo Keep gold copy for your records. Phone 2276391 PHONEPHONE		
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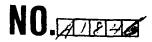


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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with appropris	te regulations. Keep canary copy for
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COMPANY NAME DELCO MORAIN						
ADDRESS1.120 WISCONS						
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CITY	STATE	OHIO	_45401_ ZIP	PHONE
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition for
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ADDRESS20 WISCONS	IN BLVD.		PUI	RCHASE OF	DER
CITY — DAYTON	STATE	OHIO-	45401	ZIP	PHONE
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COMPANY NAME DELCO MORAIN ADDRESS 1/20 WISCONS	E DIV. GMC	 	ST/	ATE I.D. NO.	
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CITY DAYTON	STATE	OHIO	45401	ZIP	PHONE
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transportation accor ிய்ற 06 992866 Signature	are regulations of the D	epartine it of 11	anaportation .	کردند نا صدور کردند نا صدور	Reep gold copy for your records.
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This is to certify acceptance of the abo					
Signature	·	• •	• •	• •	·
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TREATMENT/DISPOSAL FACILITY COMPANY	1,500	EP.	A IDENTIFIC	ATION COD	E NO
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This is to certify completion of treatmen					
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Signature	· · · · · ·	7.5		•	. •
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□ HAZARDOUS □ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4 18 19

EMERGENCY INFORMATION				SCAL	E INFORMATION
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transportation according to the applies	61 regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
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ADDRESS			JOI	B NO	
This is to certify completion of treatmer					
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□ HAZARDOUS © NON-HAZARDOUS © WASTE □ RECLAIMABLE MATL. NO. A. 1863

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ADDRESS 1420 WISCON					DER	
CITY	STATE			ZIP	PHONE	
CITY DAYTON This is to certify that the above named m						
transportation accord 010 0509285						
Signature	Print I	Name	· 18E,+	350-1	Phone 📿 🕏	76391
TRANSPORTER		FP.	A IDENTIFIC	ATION NO.		
COMPANY	SAME		ST/	ATE I.D. COL	DE	
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ADDRESS	07475	0 6/11	JOI	3 NO	DUONE	
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this	manifest.
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□ HAZARDOUS ® NON—HAZARDOUS ® WASTE □ RECLAIMABLE MATL. NO. 180

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D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DES	COUDTION
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GENERATOR DATE S COMPANY NAME DELCO MORALI	NE DIV. GMC				E NO. 2.47.50	
ADDRESS1420 WISCONS	SIN BLVD.			RCHASE OR	DER	
	STATE					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in pro	per condition for
transportation according to the application	regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for	your records.
Signature	Print N	Name	To F	ARDON	Phone 🚬	276391
TRANSPORTER					· · · · · · · · · · · · · · · · · · ·	. 1
COMPANY	An				DE	
ADDRESS	· · · · · · · · · · · · · · · · · · ·		JOI	B I.D. NO		
CITY					PHONE	
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were	e offered.
Signature	Print N	Name			Date Receiv	ed
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	·
COMPANY	TON LAND	tf 161				<u>.</u>
ADDRESS				B NÒ:		
CITY	STATE	0410	-		PHONE	··· · ·
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Signature	Print N	Name		<u> </u>	Date	



□ HAZARDOUS □-NON—HAZARDOUS □-WASTE □ RECLAIMABLE MATL. NO. 21866

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S	HIPPED	7.83 EP	A IDENTIFIC	ATION COD	ENO! 4 2 06092 8561
COMPANY NAME DELCO MORAIN ADDRESS 1420 WISCONS	IE DIV. GMC	·	ST	ATE I.D. NO.	
ADDRESS1420 WISCONS	SIN BLVD,		PU	RCHASE OR	DER
CITY DAYTON This is to certify that the above named m	STATE	OHIO	45401	ZIP	PHONE
transportation accord to 20092856					
Signature	Print P	Name	· /\ @ \/	ROBEL	Phone
TRANSPORTER	SAME				
COMPANY		<u> </u>			DE
ADDRESS					PHONE
This is to certify acceptance of the above		•	•		
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COMPANY NAME DELCO MORAIN ADDRESS 1420 WISCONS	SIN RI VI		PURC	CHASE OF	RDER		
CITYDAYTON	STATE	OUIO	-45401 ZI	P	PHONE		
CITY DAYTON This is to certify that the above named n							
transportation according 06092856	e regulations of the D	epartment of Tra	ansportation an	d the EPA	. Keep gold copy for your records.		
Signature	Print I	Name	FRA	لمون	Phone <u>327.63 91</u>		
TRANSPORTER		EP.	A IDENTIFICAT	TION NO.			
COMPANY		-					
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This is to certify acceptance of the abo					·		
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1870

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□ RECLAMATION □ II	NCINERATION	□ LAN	DFILL	OTH	ER (Specify)
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GENERATOR DATE S		•		ATION COD	ENO. OAD 060928561
COMPANY NAMEDELCO MORAL	NE DIV. GMC		ST/	ATE I.D. NO.	
ADDRESS1420 WISCON	SIN BLVD.		PUF	RCHASE OR	DER
CITY DAYTON	STATE	OHIO -	45401	ZIP	PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition fo
transportation accord 0110 0609285	/ -				
Signature	Print I	Name	1.10	1445 CON	Phone <u>-21-6391</u>
TRANSPORTER					·_
COMPANY					
ADDRESS	07475	 ,	JOE	3 I.D. NO	DUONE
This is to certify acceptance of the abo					
Signature	•	• •			
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY	on LANSA	111	STA	ATE I.D. NO.	
ADDRESS			JOE	3 NO	
ADDRESS	STATE	0141		ZIP	PHONE
This is to certify completion of treatmen					
your records. Forward white copy to				-	•
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□ HAZARDOUS □ NÓN—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 74/877

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□ RECLAMATION □ II	NCINERATION	# LANI	DFILL	□ OTHI	ER (Specify)
ADDITIONAL INFORMATION:					_
		ERTIFICATIO			
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED	/ - / - / - EP.	A IDENTIFIC	ATION COD	ENO. 0413 060728561
ADDRESS1420 WISCONS	IN DIVID		91/	RCHASE OR	DER
CITY	STATE			ZIP	PHONE
CITY DAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssilied, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation accor වැඩ්ඩු ලු 6092256	∄e regulations of the D	epartment of Tra	insportation	and the EPA.	Keep gold copy for your records.
Signature	Print I	Name	. TREA	ROOM	Phone <u>227-6391</u>
TRANSPORTER					<u> </u>
COMPANY	SAME		ST/	ATE I.D. COL	DE
ADDRESS			JOI	B I.D. NO	
CITY					
This is to certify acceptance of the above	·	• •			
Signature	Print f	Name			Date Received
TREATMENT/DISPOSAL FACILITY	/ /	EPA	A IDENTIFIC	ATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY	Sort LANDE	=/((ST/	ATE I.D. NO.	<u> </u>
ADDRESS	<u> </u>		JOI	B NO	
This is to certify completion of treatmen your records. Forward white copy to	=			•	
Signature	Print I	Name			Date



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/8/9

EMERGENCY INFORMATION				SCALE INFORMATION			
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERI	AL DESCRIPTION	
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COMPANY NAMEDELCO_MORAL							
ADDRESS - 1429 WISCONS	SIN BLVD.		PUF	ICHASE OR	DER		
CITY DAYTON This is to certify that the above named m	OTATE			710		NIC .	
This is to certify that the above named m transportation accord 内侧 负6092854							
	Print N					ne 227-6391	
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TRANSPORTER COMPANY	SAME					<u> </u>	
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CITY	STATE						
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your re	cords. App	ropriate placa	rds were offered.	
Signature	Print N	Name			Date	Received	
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICA	ATION COD	E NO		
COMPANY S 1977	IN LAND!	-101	STA	TE I.D. NO.			
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This is to certify completion of treatmen your records. Forward white copy to	-	•	=		_		
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/88/

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
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IN CASE OF EMERGENCY, NOTIFY:	TRAILER NO. TRACTOR NO.
SHIPPING INFORMATION	
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINE	ED TYPE MATERIAL DESCRIPTION
D:O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINE	ER TYPE MATERIAL DESCRIPTION
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MATERIAL DISPOSITION	
□ RECLAMATION □ INCINERATION □ LANDFILL	OTHER (Specify)
ADDITIONAL	
INFORMATION:	
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CERTIFICATION	
GENERATOR COMPANY NAME DELCO MORANE DIV. GMC STA	TION CODE NO. 0413 040 758561
OOM	TE I.D. NOCHASE ORDER
CITY STATE OHIO 45401 z	IP PHONE .
This is to certify that the above named materials are properly classified, described, packaged, no. OHD 060928561 transportation according to the applicable regulations of the Department of Transportation a	nd the EPA. Keep gold copy for your records.
Signature Print Name T. TEA	
	TION NO.
COMPANYSTA	TE I.D. CODE
ADDRESSJOB	I.D. NO
CITY STATE Z	IP PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your re	cords. Appropriate placards were offered.
Signature Print Name	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICAL COMPANY STATES	TION CODE NO.
COMPANY STATE STATE	TE I.D. NO.
ADDRESS JOB	NO
l '	IPPHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with your records. Forward white copy to generator. Processing of your invoice will begin up	
I Signature Print Name	Date



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. Ø 1883

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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□ RECLAMATION □ II	NCINERATION	□ LAN	DFILL	OTH	ER (Specify)
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED IE DIV. GMC	<u>/ - 23</u> EP	A IDENTIFICAT	ION COD	ENO. <u>0413060128561</u>
ADDRESS1420 WISCONS	IN BLVD.	1	PURC	HASE OR	DER
CITYDAYTON					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, ma	arked and	labeled, and are in proper condition for
transportation accord HD 06092856	e regulations of the D	epartment of Tra	ansportation an	d the EPA	. Keep gold copy for your records.
Signature	Print h	Name	SEAK	304	Phone 227 - 6391
TRANSPORTER	•				
COMPANY	SAME	. 21,	STAT	E I.D. COI	DE
ADDRESS			JOB I	.D. NO	
CITY					
This is to certify acceptance of the above					
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY	:	ED	A IDENTIFICAT	ION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY	TON LAN		STAT	1.D. NO	
ADDRESS			JOB N	10	
CITY	STATE	14/10	ZIF	·	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with a	appropriat	e regulations. Keep canary copy for
your records. Forward white copy to					
Signature	Print N	Name			Date
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□ HAZARDOUS □-NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. □ 1883

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D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
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This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the application					
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This is to certify acceptance of the abo	• •		-		
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4/8/9/3

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D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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COMPANY NAME DELCO MORAIN	NE DIV. GMC		STA	TE I.D. NO.	
ADDRESS1420 WISCONS	SIN BLVD.		PUF	CHASE OF	DER
CITY — DAYTON	STATE	OHIO.	.45401 - ²	ZIP	PHONE
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. Ø 1899

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GENERATOR DATE S				ATION COD	ENO. 045060928361
COMPANY NAME DELCO MORAL					
ADDRESS1120 WISCON					· · ·
CITY DAYTON This is to certify that the above named m	STATE	-AUIA	15100	ZIP	PHONE
transportation accord AHD 0609285					
Signature	Print I	Name	TEN	REON	Phone <u>327-6391</u>
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ADDRESS					
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□ HAZARDOUS □ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 1892

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COMPANY NAME DELCO MORAIN						
ADDRESS1;20 WISCONS			PUF	RCHASE OR	DER	
CITY DAYTON This is to certify that the above named m	STATE	OHIO	45401 ²	ZIP	PHONE	
transportation accor@HD006092856					The state of the s	
Signature	Print N	lame	. PEAR	550M	Phone <u>2276341</u>	
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 1899

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ADDRESS1420 WISCONS	SIN BLVD,						
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transportation accor 0HD 06092856							
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ADDRESS	- 		JOE	3 I.D. NO			
CITY					•		
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 41940

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ADDRESS 20 WISCONS			PURC	HASE OR	DER
CITYDAYTON					
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, ma	rked and	labeled, and are in proper condition fo
transportation according to 06092854					
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TRANSPORTER	•				
	SAME				DE
ADDRESS	·		JOB I.	D. NO	
CITY	STATE		ZIP	·	PHONE
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your reco	ords. Appi	ropriate placards were offered.
Signature	Print N	Name			Date Received
TREATMENT/DISPOSAL FACILITY		· EP	A IDENTIFICAT	ION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY	TON LAN	3/100	STATE	ID NO	
ADDRESS			JOB N	10	PHONE
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This is to certify completion of treatmen	t, storage, reclamation, o	or disposal in co	mpliance with a	ppropriat	e regulations. Keep canary copy for
your records. Forward white copy to			and the second of the second o		T
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ADDRESS1420 WISCONS					DER
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CITY DAYTON This is to certify that the above named n	naterials are properly cla	OHIO Ssified, describe	45401 d, packaged, m	arked and	labeled, and are in proper condition for
transportation according to 6692856	le regulations of the D	epartment of Tra	ansportation an	d the EPA	. Keep gold copy for your records.
Signature	Print I	Name	1. KEA	ROOM	Phone <u>~27.6391</u>
TRANSPORTER					
COMPANY	JAME	<u>-</u>	STAT	E I.D. CO	DE
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your red	ords. App	ropriate placards were offered.
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY COMPANY		FP	A IDENTIFICAT	TION COD	E NO.
COMPANY	TON KIRNY	6111	STAT	E I.D. NO.	
ADDRESS			JOB	NO	
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This is to certify completion of treatmen	it, storage, reclamation.	or disposal in co	mpliance with	appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin upo	on receipt	of signed copy of this manifest.
Signature	Print I	Name		·	Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1918

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ADDRESS 1420 WISCONS						
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transportation accorded to 11602028556	He regulations of the D	epartment of Tra	insportation	and the EPA.	Keep gold copy for your records.	
Signature	Print N	Name	KEA	1000	Phone <u>-27-67-9/</u>	
TRANSPORTER		EPA	A IDENTIFIC	ATION NO.		
COMPANY					DE	
ADDRESS						
This is to certify acceptance of the above						
Signature	•					
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TREATMENT/DISPOSAL FACILITY COMPANY	Tail Land	EP.	A IDENTIFIC	ATION COD	E NO	
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ADDRESS 1420 WISCONS						
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This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, n	narked and	labeled, and are in proper condition for	
transportation according to the application	e regulations of the D	epartment of Tra	ansportation a	nd the EPA	. Keep gold copy for your records.	
Signature	Print I	Name	· · · · E	47.20 W	Phone 227-639/	
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COMPANY	- SAME		STA	TE I.D. COI	DE	
ADDRESS		,-	JOB	I.D. NO		
CITY						
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	cords. App	ropriate placards were offered.	
Signature	Print I	Name			Date Received	
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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance with	appropriat	e regulations. Keep canary copy for	
your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.	
Signature	Print I	Name		· 	Date	
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□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 2/9/3

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ADDRESS1420 WISCONS					DER
CITY DAYTON This is to certify that the above named n	aterials are properly cla	OHIQ seified describe	45401 ·	CIP marked and I	abeled and are in proper condition for
transportation according to 160 applies					
Signature	Print N	Nomo -	77E.	4 KD0~/	Phone 2376391
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TRANSPORTER COMPANY	SAME				<u> </u>
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CITY	STATE				PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY	, ;	EP	A IDENTIFIC	ATION COD	E NO
COMPANY	TON LAND	FILL	STA	ATE I.D. NO.	:
COMPANY ADDRESS	,		JOE	3 NO	PHONE
CITY	STATE	0410		ZIP	PHONE
This is to certify completion of treatment your records. Forward white copy to		-	•	• • •	
Signature				•	1,300
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 7/9/1/9

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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED						
ADDRESS 1420 WISCONS							
CITY	STATE	OHIO	_45401 ZI	Р	PHONE _		
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, m	arked and	abeled, and are in pi	roper condition for	
transportation accord@htb.06092855							
Signature	Print N	Name	TEA	RDON	Phone 🕰	276391	
TRANSPORTER	·	EPA	A IDENTIFICA	TION NO.		· ·	
COMPANY	- AME				DE		
ADDRESS							
CITY	STATE						
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COMPANY NAME DELCO MORAIN							
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This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature Print Name Date Received							
TREATMENT/DISPOSAL FACILITY	nd / 1 / 2 -				E NO		
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This is to certify completion of treatment	. storage reclamation	or disposal in co	mpliance with appr	opriate	regulations. Keep ca	nary copy for	
your records. Forward white copy to	his is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for cour records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
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Signature	FUILT	iame			Date		



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 41923

EMERGENCY INFORMATION				SCALE INFORMATION			
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This is to certify that the above named m OHD 06092856 transportation according to the applical	aterials are properly classified the December 1	ssified, describe	d, packaged, insportation	marked and I and the EPA.	abeled, and are in proper cond Keep gold copy for your re	ition for	
Signature	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			MOLERA		_	
TRANSPORTER							
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ADDRESS			JO	B I.D. NO			
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This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.	· .	
Signature	Print N	Name	,		Date Received		
TREATMENT/DISPOSAL FACILITY	. /				E NO		
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□ HAZARDOUS □NON—HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO. 1924

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GENERATOR DATE S				N CODE NO.	1.060728761	
COMPANY NAME DELCO MORAIN						
ADDRESS1420 WISCONS	IN BLVD		PURCH/	ASE ORDER		
CITY	STATE	OHIO	ZIP _		PHONE	
transportation accor@httlo066992856						
Signature	- an Print I	Name	THEAK.	Bon	Phone 2276391	
TRANSPORTER					·	
COMPANY	JAM 8		STATE I	.D. CODE		
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above	·	• •		,, ,	· .	
Signature	Print P	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	سند مرار	EP/	A IDENTIFICATIO	N CODE NO		
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/927

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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		ERTIFICATIO	<u> </u>			
OFMED ATOR				DE NO. 0.4060938561		
GENERATOR DATE S COMPANY NAME DELCO MORAIN	IE DIV. GMO			DE NO. (2.4.2/02/126.5.6.).		
ADDRESS 1.20 WISCONS				RDER		
CITYBAYTON	STATE			PHONE		
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, mark <mark>ed a</mark> nd	labeled, and are in proper condition fo		
transportation according 06092356	ble regulations of the D	epartment of Tra	ansportation and the EPA	· V		
		***************************************	The second second			
Signature	Print I	Name	The second second	Phone 2276391		
SignatureTRANSPORTER	- A	E P	A IDENTIFICATION NO.	Phone 227.6391		
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Signature TRANSPORTER COMPANY ADDRESS CITY	5 Am 5	EP	A IDENTIFICATION NO. STATE I.D. CO JOB I.D. NO. ZIP	Phone 227.6391 DEPHONE		
Signature TRANSPORTER COMPANY ADDRESS CITY This is to certify acceptance of the abo	STATE	EPA	A IDENTIFICATION NO. STATE I.D. CO JOB I.D. NO. ZIP py for your records. App	Phone 227-6391 DEPHONE propriate placards were offered.		
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□ HAZARDOUS Ø NON—HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO. #1929

IMMEDIATE RESPONSE INFORMATION Not 12245000 NET WT.	
NET WT	
NEI WI.	
IN CASE OF EMERGENCY, NOTIFY: TRAILER NO. TRACT	OR NO.
SHIPPING INFORMATION	<u>-</u> _
DOT. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINER TYPE MATERIÂL DESC	RIPTION
Word 1A2 EDYARD CORREGIONS -	11. E
MATERIAL DISPOSITION	
□ RECLAMATION □ INCINERATION □ LANDFILL □ OTHER (Specify)	
ADDITIONAL	
INFORMATION:	
CERTIFICATION	{
	122 61
GENERATOR DATE SHIPPED	
ADDRESS 1120 WISCONSIN BLVD. PURCHASE ORDER	
CITY STATEOHIQZIP PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper transportation according 10 me applicable regulations of the Department of Transportation and the EPA. Keep gold copy for you	condition for
	7. / 5 9 /
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TRANSPORTER EPA IDENTIFICATION NO COMPANY STATE I.D. CODE	
ADDRESS JOB I.D. NO	
CITY STATE ZIP PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were of	fered.
Signature Print Name Date Received	
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO	
COMPANY STATE I.D. NO	
ADDRESS	
CITY DAYTON STATE ZIP PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep can	ary copy for
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this	manifest.
Signature Print Name Date	



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. □ 1950

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ADDITIONAL INFORMATION:				<u> </u>
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GENERATOR DATE SI				CODE NO 04 2 06 0928561
COMPANY NAMEDELCO MORAIN				
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This is to certify acceptance of the above	re materials for shipmer	nt. Keep pink co	py for your records.	Appropriate placards were offered.
Signature	Print N	Name		Date Received
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your records. Forward white copy to	generator. Processing (DT YOUR INVOICE	will begin upon rec	eint of signed copy of this manifest.
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□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4/933

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		RTIFICATIO	N .	
GENERATOR DATE S				ENO.OA) 060928561
COMPANY NAME DELCO MORAL				
ADDRESS1420 WISCON				DER
CITY	STATE	OHIO	45401 ZIP	PHONE
transportation accord@HD 0600285	1		· ·	
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TRANSPORTER				
COMPANY	SAME			DE
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TREATMENT/DISPOSAL FACILITY	s. C. Santad	Lani En	A IDENTIFICATION COD	E NO
ADDRESS	-UDIJIN,	MAINZY /C		
CITY	STATE 4	2410		PHONE
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□ HAZARDOUS Ø NON-HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO. 41934

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COMPANY		•					
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CITY STATE 2							
·	This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature	Print N	lame			Date Received		
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COMPANY S. ZAYTON LANGETCE ST.							
ADDRESS	OTATE (24/10			PHONE		
This is to certify completion of treatmen							
your records. Forward white copy to	=	•		-			
Signature	Print N	lame			Date		
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□ HAZARDOUS © NON—HAZARDOUS & WASTE □ RECLAIMABLE MATL. NO. 4/935

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GENERATOR DATE SI COMPANY NAME DELCO MORAIN					
ADDRESS120 WISCONS					i
CITY DAYTON	STATE	A!!!A	ZI	P	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	45401 d, packaged, m	arked and I	abeled, and are in proper condition for
transportation accor@HJDo06092856	e regulations of the D	epartment of Tra	insportation ar	nd the EPA.	Keep gold copy for your records.
Signature	Print N	Name	KTAR	301	Phone 22 7 63 7 /
TRANSPORTER					· · · · · · · · · · · · · · · · · · ·
COMPANY	SAM	1E	STAT	E I.D. COD	PE
ADDRESS					
CITY	STATE		Zi	P	PHONE
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your red	ords. Appr	opriate placards were offered.
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COMPANY	ON FAND,	EHC	STAT	E I.D. NO.	
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This is to certify completion of treatment your records. Forward white copy to	_	•	•		· · · · · · · · · · · · · · · · · · ·
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Signature	Print N	vame		- ·	Date



□ HAZARDOUS → NON-HAZARDOUS → WASTE □ RECLAIMABLE MATL. NU. 41938

EMERGENCY INFORMATION				SCAL	E INFORMATION
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GENERATOR DATE S COMPANY NAMEDELCO_MORAIN					ENO. 040 060348-61
ADDRESS					
CITY	STATE	0.110		ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation accord OHD 06092856	1 regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your records.
Signature	Print I	Name	PEU	1. July 1.	Phone <u>327-6371</u>
TRANSPORTER		EP.	A IDENTIFIC	ATION NO.	
COMPANY		<u> </u>	ST	ATE I.D. COD	DE
ADDRESS			JO	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
Signature	Print f	Name			Date Received
TREATMENT/DISPOSAL FACILITY	,	EP	A IDENTIFIC	ATION COD	E NO
TREATMENT/DISPOSAL FACILITY COMPANY	W LAWS	110	ST	ATE I.D. NO.	
ADDRESS		— ——	JO	B NO	
This is to certify completion of treatmen your records. Forward white copy to					
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	SHIPPI	NG INFORM	ATION			
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INFORMATION:	<u> </u>				1	
		ERTIFICATIO				
					NO. 040 060 128 561	
COMPANY NAME _DELCO_MORAIN	· · · · · -					
ADDRESS1420 WISCONS					DER	
CITY	STATE	OHIO	45401	ZIP	PHONE	
transportation accor@htDc05092856						
	-				,	
Signature	Print N				1	
TRANSPORTER COMPANY	577.40	_ EP/	AIDENTIFIC	ATION NO		
ADDRESS	SIM ME		ST.	ATE I.D. COD	E	
CITY	STATE		JO	8 I.D. NO	CHONE	
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This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered. Signature Date Received						
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ADDRESS	1 - 1 - 00 M - 5- 10	<u> </u>	ST.	ATE I.D. NO.		
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This is to certify completion of treatment						
your records. Forward white copy to	-	•	• •	• • •		
Signature	Print N	Name		· · · · · · · · · · · · · · · · · · ·	Date	



□ HAZARDOUS □ HON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NU. 1938

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				
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	7.00	2 1475 600	, 	NET I	WT
IN CASE OF EMERGENCY, NO	TIFY:	TAK NO	√	TRAII	LER NO. TRACTOR NO.
	SHIPPI	NG INFORM	ATION		· · · · · · · · · · · · · · · · · · ·
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	T		IER TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	D LAN	DFILL	OTHE	R (Specify)
ADDITIONAL INFORMATION:	t	4 - 44 (
	CI	ERTIFICATIO	N	····	
GENERATOR DATE S	HIPPED 226	F3 EP	A IDENTIFIC	ATION CODI	NO. OH: 060928561
COMPANY NAME _DELCO MORAIN					
ADDRESS1420 WISCONS	SIN BLVD.		PU	RCHASE ORI	DER
CITY DAYTON This is to certify that the above named m	STATE	OHIO	45401	ZIP	PHONE
transportation accord is to the contract of th	-				· · · · · · · ·
Signature	Print N	Name	KEAK	100	Phone
TRANSPORTER	and the second				i
COMPANY	AME		ST	ATE I.D. COD	E
ADDRESS					
CITY					
This is to certify acceptance of the above	•				
Signature	Print N				
TREATMENT/DISPOSAL FACILITY COMPANY		EP.	A IDENTIFIC	ATION CODE	NO
ADDRESS	10 10 10 10 10 10 10 10 10 10 10 10 10 1	<u> </u>	ST/	ATE I.D. NO.	
ADDRESS	OTATE	172/11	JOI	B NU	DHONE
This is to certify completion of treatmen					
your records. Forward white copy to	-	•	•		
Signature	Print 1	Name			Date
					



□ HAZARDOUS MON—HAZARDOUS MOSTE □ RECLAIMABLE MATL. NO. 4/948

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	
NON HAZARDOUS	
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IN CASE OF EMERGENCY, NOTIFY:	TRAILER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NOTIFY:	$oldsymbol{V}$
8 Jan Marie Toll	Onco
SHIPPING INFORMATION	LANDFILL.
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAIN	1
NON HAZ. Y'LDAGITHEY	ANDFILL SHPHOLOGISS
	ANDFIL
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	21639
WATERIAL PIONOSITION	
MATERIAL DISPOSITION	<u> </u>
□ RECLAMATION □ INCINERATION □ LANDFILL	□ OTHER (Specify)
ADDITIONAL INFORMATION:	
OFFICIOATION	
GENERATOR DATE SHIPPED 3-3-89 EPA IDENTIFIC	ATION CODE NO. 040 06092856
DICO MODNING BIN BOOK	ATE I.D. NO.
ADDRESS 1-120 WISCONSIN BLVD. PUR	RCHASE ORDER
CITY DAYTON STATE #5401	ZIP PHONE <u>277-6391</u>
I This is to certify that the above named materials are properly classified, described, packaged, i	marked and labeled, and are in proper condition for
transportation according to the applicable regulations of the Department of Transportation	
Signature D. Saurood Print Name D. GARWO	0 0 Phone 227-6391
TRANSPORTER EPA IDENTIFICA	ATION NO.
-	ATE I.D. CODE
ADDRESS JOE CITY STATE ;	3 I.D. NO.
This is to certify acceptance of the above materials for shipment. Keep pink copy for your re	
Signature Print Name	
TREATMENT/DISPOSAL FACILITY J. DAYTON EPA IDENTIFICATION STATES LANDFILL STATES	ATION CODE NO.
	3 NO
	ZIP PHONE
This is to certify completion treatment, storage, reclamation, or disposal in compliance with	h appropriate regulations. Keep canary copy for
your records. Forward white copy to generator. Processing of your invoice will begin u	pon receipt of signed copy of this manifest.
Signature Print Name	Date



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 1949

EMERGENCY INFORMATION		-	SCA	LE INFORMATION		
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IN CASE OF EMERGENCY, NO	OTIFY:	20 K 2 10 W	TRA	ILER NO. TRACTOR NO.		
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<u> </u>	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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	MATE	RIAL DISPOS	SITION			
□ RECLAMATION □	NCINERATION	□ LANI	DFILL DOTH	IER (Specify)		
ADDITIONAL				,		
INFORMATION:						
		ERTIFICATIO				
GENERATOR DATE S COMPANY NAME DELCO MORAII	SHIPPED			DE NO. 25/3 0/072836/		
COMPANY NAME DELCO MORAII	NE DIV. GMC		STATE I.D. NO	·		
DDRESS 1420 WISCONSIN BLVD. PURCHÅSE ORDER PHONE						
CITY STATE STATE STATE STATE PHONE PHONE PHONE STATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for						
transportation according to the application						
				Phone <u>227-6391</u>		
· ·	Print i			Priorie		
TRANSPORTER COMPANY	. E A ME					
ADDRESS						
CITY						
This is to certify acceptance of the abo						
Signature	-		• •			
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TREATMENT/DISPOSAL FACILITY COMPANY	and Lange	EP/	A IDENTIFICATION COL	DE NO.		
ADDRESS						
ADDRESS	STATE	0410	ZIP	PHONE		
This is to certify completion of treatmen		or disposal in co	mpliance with appropria	te regulations. Keep canary copy for		
your records. Forward white copy to		•				
Signature	Print I	Name		Date		
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□ HAZARDOUS ☑ NÓN—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/9/3

EMERGENCY INFORMATION				SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION	·			
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IN CASE OF EMERGENCY, NO	TIEV	(EDA) DA		TRAI	LER NO. TRACTOR NO.
CASE OF EMERGENCY, NO	TICT,	<u> </u>		'''	ELITIO. MACIONIO.
	SHIPPI	NG INFORM	ATION	, 	<u> </u>
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIL	NER TYPE	MATERIAL DESCRIPTION
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<u> </u>	MATE	RIAL DISPOS	SITION	,	
E BECLAMATION					ER (Specify)
□ RECLAMATION □ II	NCINERATION	JP LAINI	JFILL	UOTH	=R (Specify)
ADDITIONAL INFORMATION:			· 		
		ERTIFICATIO	NN -		
GENERATOR DATE S				NATION COD	ENO. 040.060928:161
COMPANY NAMEDELCO_MORAL	JE DIV CMO	EP/	A IDENTIFIC ST	ATE LD. NO.	E NU. (
ADDRESS1420 WISCONS	IN DIVIO				DER
CITY DAYLON	STATE	0.40		ZIP	PHONE
CITY DAYTON This is to certify that the above named m	naterials are properly cla	ssified, describe	d, 454QJ ed,	, marked and I	abeled, and are in proper condition for
transportation accord 140000092856	ge regulations of the Do	epartment of Tra	nsportation	and the EPA.	Keep gold copy for your records.
	Print N				Phone 227-6391_
TRANSPORTER	-				`
ADDRESS					
CITY					
This is to certify acceptance of the abo					
Signature	•	• •			,
_					E NO
TREATMENT/DISPOSAL FACILITY COMPANY	V LANSFIE				
			JO	B NO	
ADDRESS	STATE	0410		ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	mpliance wi	th appropriate	regulations. Keep canary copy for
your records. Forward white copy to					
Signature	Print N	Name	· <u> </u>		Date
<u> </u>					



□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/9/4

EMERGENCY INFORMATION				SCAL	E INFORMATION	
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~~~~	SHIPPI	NG INFORM	ATION	<del></del>	<del></del>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	
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	MATE	RIAL DISPOS	SITION			
□ RECLAMATION □ IN	NCINERATION	& LAN	OFILL	OTH	ER (Specify)	
ADDITIONAL INFORMATION:						
	· · · · · · · · · · · · · · · · · · ·					
		ERTIFICATIO				
GENERATOR DATE S COMPANY NAME DELCO MORAIN	E DIV. GMC				ENO. <u>040 060927051</u>	
ADDRESS 1420 WISCONS	IN BLVD.				DER	
CITY PHONE PHONE						
This is to certify that the above named m transportation according to the application						
Signature	Print N	Name	. 100	91020N	Phone 2276391	
TRANSPORTER						
COMPANY			STA	ATE I.D. COD	DE	
ADDRESS			JOE	3 I.D. NO		
CITY						
This is to certify acceptance of the above		•				
Signature	Print P	Name			Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANYS ? ~ ? ~ ? ~ ? ~ ? ~ ? ~ ? ~ ? ~ ? ~ ?					l l	
ADDRESS	77-/ 07-7-	OHI	JOE		BUONE	
This is to certify completion of treatment					PHONE	
your records. Forward white copy to		•				
Signature	Print N	Name			Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. A. 19.50

EMERGENCY INFORMATION				SCAL	E INFORMATION
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	D LAN	DFILL	□ OTHI	ER (Specify)
ADDITIONAL					
INFORMATION:				•	
THE OTHER TORK					
	_	ERTIFICATIO			
GENERATOR DATE S	HIPPED	-13 EP	A IDENTIFICA	TION COD	ENO. CHA 060928561
GENERATOR DATE S COMPANY NAME DELCO MORAIN	IE DIV. GMC		STA	TE I.D. NO.	
ADDRESS1420 WISCONS	SIN BLVD.				DER
CITYDAYTON	STATE	OHIO	<u>45401</u> z	IP	PHONE
This is to certify that the above named m					
transportation accord 100 060 0785	the regulations of the D	epartment of Tra	ansportation ar	nd the EPA.	Keep gold copy for your records.
Signature	Print N				
TRANSPORTER		EP	A IDENTIFICA	TION NO.	<u> </u>
COMPANY	JAME.		STAT	E I.D. COD	DE
ADDRESS			JOB	I.D. NO	<del></del>
CITY					
This is to certify acceptance of the abo	•				
Signature					the state of the s
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	TION COD	E NO
COMPANY	ANTIC		STAT	TE I.D. NO.	·
ADDRESS	<del></del>	()-//	JOB	NO	PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	or your invoice	wiii begin up	on receipt	or signed copy of this manifest.
Signature	Print N	Name	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Date



□ HAZARDOUS □NÓN—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/9/8

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION				, .		
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IN CASE OF EMERGENCY, NO	TITY	E-28301		ALLER NO. TRACTOR NO.		
IN CASE OF EMERGENCY, NO	11FT;	<u>: ) •.6 • 70 ••4                                   </u>		IAILEN NO. MACTOR NO.		
•	SHIPPI	NG INFORM	ATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYP	E MATERIAL DESCRIPTION		
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□ RECLAMATION □ II	NCINERATION	9 LAN	OFILL 001	HER (Specify)		
ADDITIONAL INFORMATION:	·					
		ERTIFICATIO				
				ODE NO. 04/3 06/928561		
COMPANY NAME						
CITY	STATE		ZIP	PHONE		
This is to certify that the above named m	naterials are properly cla	ssified, describe	45401 d, packaged, marked a	PHONEnd labeled, and are in proper condition fo		
transportation accordige 1010609288	itel regulations of the De	epartment of Tra	insportation and the E	PA. Keep gold copy for your records.		
Signature	Print N	Name = 7	REARBON	Phone 227 /39 /		
TRANSPORTER				0		
COMPANY	SAME		STATE I.D. (	CODE		
ADDRESS		·	JOB I.D. NO	· <u></u>		
CITY	STATE		ZIP	PHONE		
This is to certify acceptance of the above	ve materials for shipmer	nt. Keep pink co	py for your records. A	ppropriate placards were offered.		
Signature	Print N	Name	·	Date Received		
TREATMENT/DISPOSAL FACILITY		<b>E</b> P.	A IDENTIFICATION C	ODE NO		
COMPANY	100 1111		STATE I.D. N	ODE NO		
ADDRESS		<del></del>	JOB NO	PHONE		
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This is to certify completion of treatmen your records. Forward white copy to	_	•	•	riate regulations. Keep canary copy for ipt of signed copy of this manifest.		
Signature	Print N	Name		Date		
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□ HAZARDOUS □ MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 41941

EMERGENCY INFORMATION	<del> </del>	<del></del>	SCA	ALE INFORMATION		
IMMEDIATE RESPONSE INFOR	IMMEDIATE RESPONSE INFORMATION					
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IN CASE OF EMERGENCY, NO	TIFY	1 8 9 5301	7 TRA	AILER NO. TRACTOR NO.		
6.00	SHIPPI	NG INFORM	ATION .	<del></del>		
D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
NON HAZ		30 YAR	5	CARDRORAT BOXET		
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<del></del>	MATER	RIAL DISPOS	SITION	<del></del>		
G BECLAMATION	<del></del>		OFILL OTH	JED (Chasifu)		
	NCINERATION	W LAINI	JFILL DOT	TEN (Specify)		
ADDITIONAL INFORMATION:						
	CI	RTIFICATIO	N	<del></del>		
GENERATOR DATE S				DE NO. ON 3 060928:61		
COMPANY NAMEDELCO_MORAL	NE DIV. GMC		STATE I.D. NO	D		
ADDRESS1420 WISCON	SIN BLVD.		PURCHASE O	RDER		
CITY DAYTON This is to certify that the above named m	STATE	OHIO	45401 ZIP	PHONE		
This is to certify that the above named metransportation accord 0110 0639285						
1 4 9	1			Phone 227-2391		
	- Fillit					
TRANSPORTER	JAME	EP	STATE LD CO	DDE		
ADDRESS		7	JOB I.D. NO			
CITY	STATE	<del></del>	ZIP	PHONE		
This is to certify acceptance of the above	This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature	Print N	lame		Date Received		
TREATMENT/DISPOSAL FACILITY		EPA	A IDENTIFICATION CO	DE NO		
COMPANY	ON AMARI	11	STATE I.D. NO	DE NO		
ADDRESS			JOB NO	<del> </del>		
This is to certify completion of treatmen				PHONE		
your records. Forward white copy to		•				
Signature	-	=				
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□ HAZARDOUS □ NON-HAZARDOUS ₺ WASTE □ RECLAIMABLE MATL. NO. 4/19/43

EMERGENCY INFORMATION		<del></del>		SCAL	E INFORMATION
IMMEDIATE RESPONSE INFOR	RMATION				
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IN CASE OF EMERGENCY, NO	TIEV	ARZ	00/	TRAII	LER NO. TRACTOR NO.
in Case of emendency, No	1161.			man	ELITIO MACIONINO
· ·	SHIPPI	NG INFORM	ATION		· ·
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINE	R TYPE	MATERIAL DESCRIPTION
NON MAZ		30 years			SCRAR WOOD
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	MATE	RIAL DISPO	SITION		
□ RECLAMATION □ II	NCINERATION	<b>₽</b> LAN	DFILL	OTH	ER (Specify)
ADDITIONAL					
INFORMATION:					
<u></u>		ERTIFICATIO		<del></del>	
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED				ENO. 045.060928561
ADDRESS1420 WISCONS					DER
<b>5</b>					PHONE
This is to certify that the above named m					
transportation according 0 050 22 255					Keep gold copy for your records.
Signature	-da Print !	Name	KERR	304	Phone 227-6391
TRANSPORTER		EP	A IDENTIFICA	TION NO.	
COMPANY	AME	<del></del>	STAT	E I.D. COD	DE
ADDRESS			JOB	I.D. NO	
CITY					·
This is to certify acceptance of the abo	·	- •	- •		
Signature	Print t	Name		<del></del>	Date Received
TREATMENT/DISPOSAL FACILITY	فريس لا مراز	EP EP	A IDENTIFICA	TION COD	E NO
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CITYAYTOW	07475	0410			BUONE
This is to certify completion of treatmen					PHONEPHONE
your records. Forward white copy to	-	•		• • •	
Signature				•	
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 4/966

<b>EMERGENCY INFORMATION</b>		<u> </u>		SCAI	E INFORMATION	
IMMEDIATE RESPONSE INFO	RMATION					
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IN CASE OF EMERGENCY, NO	TIFY:	528114		TRAI	LER NO. TRACTOR NO	Ο.
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6.						
	SHIPPING INFORMATION				<u> </u>	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION	NC
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□ RECLAMATION □ II	NCINERATION	@ LANI	DFILL	OTH	ER (Specify)	
ADDITIONAL INFORMATION:		····		·		
	CI	ERTIFICATIO	· ·			
GENERATOR DATE S				ATION COD	ENO. ON: 060928	5-61
COMPANY NAME DELCO MORAL	NE DIV. GMC		STA	ATE I.D. NO.		
ADDRESS1420 WISCON	SIN BLVD.		PUF	RCHASE OR	DER	
CITY ————————————————————————————————————	STATE	OHIO	45401_	ZIP	PHONE	•
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condit	ion fo
transportation according to the applies						
Signature	Print N				on Phone 207. 15	
TRANSPORTER	· ·	EP.	A IDENTIFIC	ATION NO.	<u> </u>	
COMPANY		-				
ADDRESS	STATE				PHONE	
This is to certify acceptance of the abo					<del></del>	
Signature	•	• •	* * *		Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY SAYTON	LANGEICE				L NO.	
ADDRESS						
CITY	STATE	0/10	;	ZIP	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	· -	•		•	• • • •	st.
Signature	Print N	Vame			Date	
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□ HAZARDOUS ☑ NON—HAZARDOUS ☑ WASTE □ RECLAIMABLE MATL. NO. 41968

<b>EMERGENCY INFORMATION</b>	<del></del>		S	CALE INFORMATION
IMMEDIATE RESPONSE INFO	RMATION	· :		
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IN CASE OF EMERGENCY, NO		· · · · · · · · · · · · · · · · · · ·		
IN CASE OF EMERGENCY, NO	)   IFY:	7 8 14 1520	'~	RAILER NO. TRACTOR NO.
	· · · · · · · · · · · · · · · · · · ·			
Č.	SHIPPI	NG INFORM	IATION	
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TY	PE MATERIAL DESCRIPTION
NON HAZ.		STO WARE		TOYETH METAL TANK
				<del>-  </del>
	MATE	RIAL DISPOS	SITION	
□ RECLAMATION □ I	NCINERATION	LAN	DFILL O	THER (Specify)
ADDITIONAL INFORMATION:				
		-57/-/047/	NA.	
		ERTIFICATIO		6/1000 Dr.//
				CODE NO. 643 160928561 NO.
				E ORDER
CITY DAYTON	STATE	01110	_45401 ZIP	PHONE
This is to certify that the above named n	naterials are properly cla	ssified, describe	45401 ed, packaged, marked	and labeled, and are in proper condition for
				EPA Keep gold copy for your records.
Signature	Print t	Name	TREAKEN	/Phone 227-6341
TRANSPORTER		•		NO
COMPANY	SAME			
ADDRESS				
CITY	STATE		ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your records.	Appropriate placards were offered.
Signature	Print I	Name		Date Received
TREATMENT/DISPOSAL FACILITY	, .	EP	A IDENTIFICATION	CODE NO
COMPANY	W LANSFI	11.6	STATE I.D.	NO
ADDRESS			JOB NO.	
L .				
				priate regulations. Keep canary copy for
				ceipt of signed copy of this manifest.
Signature	Print f	Name		Date
<del></del>		<del></del>		



# ENVIRONMENTAL MANIFEST | HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. | NO. | A 1933

EMERGENCY INFORMATION				SCALE INFORMATION		
IMMEDIATE RESPONSE INFOR	RMATION					
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	of the said	<del></del>	NE	T WT		
IN CASE OF EMERGENCY, NO	TIFY:	ED S. CON		AILER NO. TRACTOR NO.		
r~	SHIPPI	NG INFORM	ATION			
D:O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
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GENERATOR DATE S COMPANY NAME DELCO MORAIN			A IDENTIFICATION CO	DDE NO. <u>CHO 060928561</u> O		
ADDRESS 1420 WISCONS	IN BLVD.		PURCHASE (	ORDER		
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transportation according 90960 application	he regulations of the D	epartment of Tra	ansportation and the El	d labeled, and are in proper condition for PA. Keep gold copy for your records.		
Signature	Print I	Name	1 (88,32)	ON Phone 227.6391		
TRANSPORTER		EP	A IDENTIFICATION NO	)		
COMPANY						
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CITY This is to certify acceptance of the abo						
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TREATMENT/DISPOSAL FACILITY  COMPANY	Lawrell		A IDENTIFICATION CO STATE I.D. N	DDE NO		
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ADDRESS	STATE	OHIO	ZIP	PHONE		
This is to certify completion of treatmen						
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon recei	pt of signed copy of this manifest.		
Signature	Print N	lame		Date		



□ HAZARDOUS ⊕ NON-HAZARDOUS Ø WASTE □ RECLAIMABLE MATL. NO. 1975

EMERGENCY INFORMATION				SCALE INFORMATION		
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COMPANY NAMEDELCO MORAL	NE DIV. GMC		STATE	I.D. NO.		
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CITY DAYTON	STATE	OHIO	45401 ZIP		PHONE	
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, ma	rked and	labeled, and are in proper condition fo	
transportation according to the parties			and the second s			
Signature	Print I	Name	CEAR	504	Phone <u>\$27-6391</u>	
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TREATMENT/DISPOSAL FACILITY COMPANY	ON FANDET	((	STATE	I.D. NO.	·	
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Signature	Print f	Name			Date	



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. A1978

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□ RECLAMATION □ I	NCINERATION	₽ LAN	DFILL	HTO	ER (Specify)	
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CITYDAYTON This is to certify that the above named n					PHONE	
transportation according to the applica	naterials are properly cla 61' ble regulations of the D	ssified, describe epartment of Tr	ansportation	marked and and the EPA	. Keep gold copy for your records.	
Signature	- Print P	Name	KEA	ROW	Phone 2276391	
TRANSPORTER						
COMPANY	SA.UE		ST/	ATE I.D. COL	DE	
ADDRESS	<del></del>		JOI	B I.D. NO		
CITY	STATE		<del></del>	ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.	
Signature	Print N	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	,	EP	A IDENTIFIC	ATION COD	E NO	
COMPANY S. SAYTO	M LANGEIL	<u> </u>				
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your records. Forward white copy to	+ · · · · · · · · · · · · · · · · · · ·					
Signature	Print N	Name		<del></del>	Date	



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4/9/2/2

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GENERATOR DATES COMPANY NAME DELCO MORAIN	HIPPED 3	12 - 8 3 EP	A IDENTIFIC		ENO. <u>0413 060928561</u>	
ADDRESS 1420 WISCONS					IDER	
	STATE				PHONE	
This is to certify that the above named not transportation according to the applications.	one regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.	
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TRANSPORTER	50 0 105					
COMPANY		17		R LD NO	JE	
CITY						
This is to certify acceptance of the abo						
Signature	Print l	Name		<del></del>	Date Received	
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COMPANY	1 LANDFILL		ST/	ATE I.D. NO.		
ADDRESS	<del></del>	A ( /	JOI	B NO		
This is to certify completion of treatmen your records. Forward white copy to	generator, Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.	
Signature	Print N	Vame		<del></del> -	Date	



□ HAZARDOUS ₽ NON-HAZARDOUS ₽ WASTE □ RECLAIMABLE MATL. NO. 4/9/78

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ADDITIONAL INFORMATION:					
		ERTIFICATIO			226 7.25 8 27
GENERATOR DELCO MORAINE					DE NO. CR. 2060928561
ADDRESS 1420 WISCONSI			PU	RCHASE OR	IDER
CITYDAYTON					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition fo
transportation according to 60928561	ele regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print N	Name	KEAS	C)ON	Phone <u>227-6391</u>
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY	JAME		ST	ATE I.D. COI	DE
AUDRESS	<del></del>		30	B 1.0. NO	
CITY					· ·
This is to certify acceptance of the abou	ve materials for shipmer	nt. Keep pink co	py for your i	ecords. App	ropriate placards were offered.
Signature	Print P	Name			Date Received
TREATMENT/DISPOSAL FACILITY	,				E NO
COMPANY DAYTO	ON LANDFILL				
ADDRESS	· · · · · · · · · · · · · · · · · · ·		JO	B NO	
CITY					PHONE
This is to certify completion of treatmen	and the second s				
your records. Forward white copy to	To the second se	· .			
Signature	Print N	lame			Date



□ HAZARDOUS □ NON-HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 41983-

<b>EMERGENCY INFORMATION</b>				SCAL	E INFORMATION
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GENERATOR DATES				ATION COD	ENO. 042.060928561
COMPANT NAME	INE DIV. GMC		STA	ATE I.D. NO.	
ADDRESS 1420 WISCON			PUF	RCHASE OR	DER
CITYDAYTON					
This is to certify that the above named retransportation according to the applications.	materials are properly cla	ssified, describe	ed, packaged, i ansportation a	marked and i	labeled, and are in proper condition for Keep gold copy for your records
					Phone <u>227-6391</u>
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TRANSPORTER COMPANY	SAME	. EP	A IDENTIFICA	ATION NO. ATE LD COL	
ADDRESS			JOE	3 I.D. NO	
CITY					
This is to certify acceptance of the abo					
Signature	Print N	Name			Date Received
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COMPANY	TYTON LAN	EFILL	STA	TE I.D. NO.	
ADDRESS			JOE	3 NO	· · · · · · · · · · · · · · · · · · ·
CITY	TON STATE	OH16	<b>)</b> :	ZIP	PHONE
This is to certify completion of treatmen	nt, storage, reclamation,	or disposal in co	ompliance with	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to					
Signature	Print N	Name			Date



□ HAZARDOUS □ NON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 1985

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COMPANY NAMEDELCO MORAIN ADDRESS1420 WISCONS	IN BLVD		PUR	CHASE OR	DER	
CITY	STATE	OHIO —	45401 Z	IP	PHONE	
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, m	arked and	abeled, and are in proper condition i	
transportation accor@HDo0660222856		epartment of Tra	ansportation a	nd the EPA	Keep gold copy for your records	
Signature	Print I	Name	1. 15	AND SON	Phone 627.639	
TRANSPORTER	· ·					
COMPANY	- Am 5				DE	
ADDRESS						
CITY				4 .		
This is to certify acceptance of the abo	•					
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your records. Forward white copy to		•		-	The state of the s	
Signature	Print i	Name	<del></del>	<u> </u>	Date	



□ HAZARDOUS E NON-HAZARDOUS E WASTE □ RECLAIMABLE MATL. NO. 4/987

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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL C	ESCRIPTION
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f	NOINERATION	1 LAN	DFILL	потн	ER (Specify) _	
ADDITIONAL INFORMATION:			_			
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GENERATOR DATE S	HIPPED	. 73 EP	A IDENTIFICA	ATION COD	E NO. 271	60928:61
COMPANY NAME DELCO MORAIN	E DIV. GMC	<del></del>	STA	TE I.D. NO.		
CITY 1420 WISCONS	IN BLVD.		PUF	ICHASE OH	PHONE	
ADDRESS1420 WISCONS  CITYDAYTON  This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	45401 d. packaged.	narked and	labeled, and are in	proper condition for
transportation accor@htDcQ6092866	e regulations of the Do	epartment of Tr	ansportation a	ind the EPA	. Keep gold copy	for your records.
Signature	Print N	vame	1 173	18200	/ Phone =	227.6391
TRANSPORTER						
	AME				DE	
ADDRESS						
CITY	STATE		2	<u> </u>	PHONE .	
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	cords. App	ropriate placards w	ere offered.
Signature	Print N	Name			Date Rec	eived
TREATMENT/DISPOSAL FACILITY	:	EP	A IDENTIFICA	ATION COD	E NO	
COMPANY	LANDFILL		STA	TE I.D. NO.		
ADDRESS	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	JOE	NO		
CITY	STATE <i>D.A</i> -	110	7	ZIP	PHONE .	
This is to certify completion of treatmen						
your records. Forward white copy to			will begin up	oon receipt	of signed copy of	r this manifest.
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□ HAZARDOUS □ MON—HAZARDOUS □ WASTE □ RECLAIMABLE MATL. NO. 4/988

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SPONSE INFOR	RMATION					
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OF EMERGENCY, NO	TIFY:	(KAK) 101		TRAI	LER NO. TRACTOR NO	).
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RECLAMATION - II	NCINERATION	₽ LAN	DFILL	OTH	ER (Specify)	
GENERATOR DELCO MORAIN	E DIV. GMC		A IDENTIFICA		ENO. 041006092856	
DDRESS 1420 WISCONS		OUIO			DER PHONE	<del></del>
his is to certify that the above named in OHD 06092856 ansportation according to the application	aterials are properly cla	essified, describe department of Transaction	ed, packaged, ransportation a	narked and nd the EPA	labeled, and are in proper condition. Keep gold copy for your reco	rds.
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OMPANY	STATE ve materials for shipme	nt. Keep pink co	STA	TE I.D. COI I.D. NO IP cords. App	PHONE ropriate placards were offered Date Received	
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CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



<b>EMERGENCY INFORMATION</b>		<del></del>	SCA	LE INFORMATION
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8~	SHIPDI	ING INFORM	ATION	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:				
	C	ERTIFICATION	ON .	<b>1</b> ·
GENERATOR DATE S	HIPPED3-18	. € 3 EP	A IDENTIFICATION COL	DE NO. QL/D060928561
COMPANY NAMEDELCO MORAL	NE DIV. GMC		STATE I.D. NO	
ADDRESS1420 WISCON	SIN BLVD.		PURCHASE OF	RDERPHONE
CITY	STATE	OHIO	45401 ZIP	PHONE
transportation according to the above named n				
				Phone 227-6391
e de la Timera	Print I			
TRANSPORTER 6	(" ~ ~			
COMPANY				DE
ADDRESS				
This is to certify acceptance of the abo				
Signature				
TREATMENT/DISPOSAL FACILITY				DE NO
COMPANY 5- DAYT	ON LANSFI	< 1	STATE LD. NO.	
ADDRESS				
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Is is to certify completion of treatmen	it, storage, reclamation.			
records. Forward white copy to	generator. Processing	of your invoice	will begin upon receipt	
\re	Print I	Name		Date



<b>EMERGENCY INFORMATION</b>	<del></del>			SCAI	E INFORMATION
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,	SHIPPI	NG INFORM	IATION	<u> </u>	
D.O.T. SHIPPING DESCRIPTION	SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAIN		ER TYPE	MATERIAL DESCRIPTION	
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·	: ***		<del></del>	<del></del>	39
	MATE	RIAL DISPOS	SITION		<del></del>
□ RECLAMATION □ II	NCINERATION	DIAN	DFILL	□ OTHI	ER (Specify)
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COMPANY NAME DELCO MORAIN	E DIV. GMC	. <u></u>	ST.	ATE I.D. NO.	
ADDRESS1420 WISCONS	IN BLVD.		PU	RCHASE OR	DER
CITY — DAYTON	STATE	OHIO -	45401	ZIP	PHONE
This is to certify that the above named n					
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ADDRESS 1420 WISCONS		OHIQ	PU '/45401	RCHASE OR	DER PHONE
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ADDRESS1420 WISCONS					
CITYDAYTON					
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, mark	ed and i	abeled, and are in proper condition fo
transportation according 06092856	de regulations of the D	epartment of Tr	ansportation and t	he EPA.	Keep gold copy for your records.
Signature	Print I	Name	1 Cr. Ans.	<u>~</u>	Phone <u>5=76391</u>
TRANSPORTER	_	EP.	A IDENTIFICATIO	N NO	
COMPANY	JAM 8	<del>-</del>	STATE I	.D. COD	E
ADDRESS			JOB I.D.	NO	
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This is to certify acceptance of the abo		* *			
Signature	Print 1	Name		<del></del>	Date Received
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY	LAY. FAY	VSF16C	STATE I	.D. NO.	
ADDRESS					
CITY					PHONE
This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon	receipt	of signed copy of this manifest.
Signature	Print 1	Vame	<u> </u>	<u> </u>	Date
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ADDRESS 1420 WISCONS	SIN BLVD.				DER
CITY	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the application		epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
Signature	Print N	Name	·RE	ARED	√ Phone
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COMPANY		<u> </u>	STA	TE 1.D. CO	DE
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COMPANY NAME DELCO MORAII						
ADDRESS1420 WISCONS	SIN BLVD,		PL	JRCHASE OR	DER	<u> </u>
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transportation accord 150 06092856	e regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for yo	ur records.
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TRANSPORTER		•				
COMPANY	SAME					
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your	records. Appr	opriate placards were of	fered.
Signature	Print I	Name			Date Received	
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFIC	CATION COD	E NO	
COMPANY	TON LANDE	100	\$1	TATE I.D. NO.		·
ADDRESS			JC	OB NO.		
CITY	STATE	0410		ZIP	PHONE	
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your records. Forward white copy to		• .	. , -			nanitest.
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ADDRESS					DER
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transportation accord 010 0609285	regulations of the De	epartment of Tra	nsportation a	and the EPA	Keep gold copy for your records.
Signature	Print N	lame	و هر عن السيد	5 DON	Phone 227-6391
TRANSPORTER					
COMPANY	SAME				DE
ADDRESS			JOE	3 I.D. NO	
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appi	opriate placards were offered.
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☐ HAZARDOUS ☐ NON—HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

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COMPANY NAME DELCO MORAII ADDRESS 1420 WISCON					
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transportation accord Dyl D 0609285	<b>file</b> regulations of the D	epartment of Tr	ansportation and the EPA	. Keep gold copy for your records.	
Signature	Print P	Name	REAKJON	Phone 227-6391	
TRANSPORTER		EP.	A IDENTIFICATION NO.		
COMPANY	SAME	<del></del>	STATE I.D. CO	DE	
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transportation according to the applica						
Signature	a da Print I	Name	TRE	& R.DON	Phone 2	27.6391
TRANSPORTER		•	•			
COMPANY	SAM	E	ST/	ATE I.D. CO	DE	
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This is to certify acceptance of the abo	ove materials for shipme	nt. Keep pink co	ppy for your r	ecords. Appi	ropriate placards we	re offered.
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COMPANY NAME DELCO MORAL	NE DIV. GMC	<del></del> Er	STATE	ID NO	JE NO.		
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CITY I'	STATE	OHIO	45401 ZIP		PHONE		
This is to certify that the above named	materials are properly cla	ssified, describe	d, packaged, mai	rked and	labeled, and are in proper condition fo		
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					ENOCH 060928161
COMPANY NAME DELCO MORAIN ADDRESS1420 WISCONS					•
CITYDAYTON	STATE		PUI	TIP	PHONE .
This is to certify that the above named m	naterials are properly cla	OHIO	45401	marked and	labeled, and are in proper condition for
transportation according 06092856					
	Print I				Phone 2276391
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TRANSPORTER COMPANY	- Ans E				
ADDRESS					<u></u>
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This is to certify acceptance of the abo					•
Signature					
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TREATMENT/DISPOSAL FACILITY COMPANY	Y. LANDEIL				E NO
ADDRESS	<b>7</b> .		JO	B NO	
CITY	ZON STATE _	0410		ZIP	PHONE
This is to certify completion of treatmen		or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print I	Name		4-38-3	Date
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GENERATOR DATE S	HIPPED 3-2	<u>・アン</u> _ EP	A IDENTIFIC	ATION COD	E NO. (1843: 000)	128381
	NE DIV. GMC					
ADDRESS 1420 WISCON	SIN BLVD.		PU	HUHASE OH	DER	
CITY DAYTON This is to certify that the above named n	naterials are properly cla	OHIO	d 45401	marked and	labeled and are in pror	ner condition for
transportation according to 0609385	be regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for	your records.
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TRANSPORTER COMPANY	SAME	EP	A IDENTIFIC ST	ATE LD COL	DE	<del></del>
ADDRESS						
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your i	records. App	ropriate placards were	offered.
Signature	Print 1	Name			Date Receive	ed
TREATMENT/DISPOSAL FACILITY		E0			E NO	•
COMPANY 5. 7.4.7	ON LANDE		ST	ATE I.D. NO.		
ADDRESS			JO	B NO		
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ADDRESS1-120 WISCON			PURCHASE GR	IDER
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This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, marked and	labeled, and are in proper condition fo
transportation according to the applica				
Signature	Print I	Name	. REAR SON	Phone 227-6391
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your records. App	ropriate placards were offered.
Signature	Print I	Name		Date Received
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This is to certify completion of treatmen	nt, storage, reclamation,	or disposal in co	ompliance with appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin upon receipt	of sighed copy of this manifest.
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transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
Signature	Print I	Name	REI	400302	Phone 22763A1
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ADDRESS1420 WISCONS	IN BLVD.		PURCHAS	SE ORDER
This is to certify that the above named m	aterials are properly cla	OHIO	45401 marke	SE ORDERPHONEed and labeled, and are in proper condition
transportation according to 10060 92856	le regulations of the D	epartment of Tra	ansportation and the	e EPA. Keep gold copy for your record
Signature	Print I	Vamo —	REARBON	Phone 227.6391
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your records	s. Appropriate placards were offered.
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	NE DIV. GMC		ST/	ATE I.D. NO.	
ADDRESS 1420 WISCON	SIN BLVD.		PUI	RCHASE OR	DER
CITY DAYTON This is to certify that the above named m	STATE	OHIO	. 45401 .	ZIP	PHONE
transportation according to the application					
	<del>-</del>	- <del>-</del>			Phone 227.6391
Signature	Print P				
TRANSPORTER	SAME				
COMPANY	CAMIZ	···.			DE
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GENERATOR DATE S				ATION COD	ENO. (24/2060928561
COMPANY NAMEDELCO_MORAIN					
ADDRESS1-120 WISCONS	SIN BLVD.		PUF	RCHASE OR	DER
CITY — DAYTON	STATE	оню	<del>-45401</del> -	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and i	abeled, and are in proper condition for
transportation accorded to 06093856	ble regulations of the D	epartment of Tr	ansportation a	and the EPA.	Reep gold copy for your records.
Signature	Print I	Name	CF A	ROON	Keep gold copy for your records. Phone <u> </u>
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ADDRESS					DE
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This is to certify acceptance of the abo	ve materials for shipmer	nt. Keep pink co	py for your r	ecords. Appr	opriate placards were offered.
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TREATMENT/DISPOSAL FACILITY					E NO
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CITY DAYTON	STATE	OHIO	45401 ZIP_	PH	ONE
This is to certify that the above named m					
transportation according to 116 applica					
Signature	Print I	Name	KEARDON	Pho	one <u>227-6391</u>
TRANSPORTER				N NO	
COMPANY	5A 018				
ADDRESS			JOB 1.D.	NO	
CITY					
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your record	ls. Appropriate plac	ards were offered.
Signature	Print I	Name		Da	te Received
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COMPANY NAME DELCO MORAL	VE DIV. GMC		ST.	ATE ID NO	•	
ADDRESS1120 WISCON	SIN BLVD.		PU	RCHASE ORI	DER	
CITY	STATE	OHIO	45401	ZIP	PHONE	
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in prop	er condition for
transportation accord			ansportation	and the EPA.		
Signature	Print N	Name	KKA	ROOM	Phone 22	7-6391
TRANSPORTER		EP	A IDENTIFIC	ATION NO.		
COMPANY	<u> 3000</u>	<u> </u>	ST	ATE I.D. COD	)E	· .
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COMPANY NAMEDELCO_MORAIN ADDRESS1120 WISCONS	IE DIV. GMC		STA	TE I.D. NO.	DED.
CITYDAYTON	STATE	OHIO	PUN	IP	PHONE
This is to certify that the above named metransportation accorded to 06093855	aterials are properly cla	ssified, describe	d, packaged, r	narked and I	labeled, and are in proper condition for
Signature					
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COMPANY	SAME				DE
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your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy of this manifest.
Signature	Print I	Name	<u> </u>	<u> </u>	Date
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COMPANY NAME DELCO MORAIN	IE DIV. GMC		STATE	I.D. NO.	
ADDRESS 1420 WISCONS	SIN RI VD		PURCH	ASE OR	DER
CITYDAYTON This is to certify that the above named m	STATE	OHIO	ZIP.		PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, mari	ked and I	abeled, and are in proper condition for
transportation according to 960 a 378 56	ble regulations of the D	epartment of Tra	ansportation and	the EPA	. Keep gold copy for your records.
Signature	Print N	Name	KERRELA	·/	Phone <u>227-6391</u>
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COMPANY	JAME				DE
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COMPANY NAMEDELCO_MORAIN					
ADDRESS 1420 WISCONS	NE DIV. GMG		PUF	CHASE OR	DER
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transportation accordnig വ്രവ്യാഷ്ട്ര					
Signature	Print I	Name	TOE AR	Don!	Phone <u>327-639/</u>
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Signature	Print I	Name		<del>-</del>	Date Received
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GENERATOR DATE S COMPANY NAME DELCO MORAL	NE DIV. GMO				ENO. (74) 060928 -61
ADDRESS 1.120 WISCON	SIN RI VD		PU	RCHASE OR	IDER
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Signature	Print P	Name	KIAK	3011	Pho	one <u>377-6391</u>	
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transportation according to 96002856	<b>bl</b> e regulations of the D	epartment of Tra	ansportation a	nd the EPA	. Keep gold copy for your records.	
Signature	Print I	Name	KEARL	ir/	Phone 227-6391_	
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COMPANY	LANCE ICC					
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COMPANY NAME DELCO MORA	INE DIV. GMC	·				
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GENERATOR DATE S	<i>i</i>			ATION COD	ENO. DH DOGO92856	
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CITY DAYTON This is to certify that the above named m	CTATE	OHIO	AEA01	ZIP	PHONE	
transportation accord DHD 0609985	tegulations of the D	epartment of 17	ansportation a	and the EPA.	Neep gold copy for your records.	
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| HAZARDOUS | NON-HAZARDOUS | WASTE | RECLAIMABLE MATL. NO, 42075

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COMPANY NAME DELCO MORAIN		.**	ST	ATE I.D. NO.	
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transportation according 006022856					
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This is to certify acceptance of the about	ve materials for shipme	nt. Keep pink co	py for your i	ecords. App	ropriate placards were offered.
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CITY 1 Hytor.	STATE	0410	<u> </u>	ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wi	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	_	<u>-</u> 1		•	
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ADDRESS1420 WISCONS					DER	
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This is to certify that the above named in transportation according to 160 220 25	naterials are properly cla	issified, describe	d, packaged,	marked and and the EPA	labeled, and are in proper condition for Keep gold copy for your records	
Signature Marie 1 11	Carlo	Name CIII	WLF5	MCL	25/17 Phone 227-6391	
TRANSPORTER	U					
COMPANY 3900E	·				DE	
ADDRESS		<u> </u>	JO	B I.D. NO		
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your i	records. App	ropriate placards were offered.	
Signature	Print	Name			Date Received	
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your records. Forward white copy to	generator. Processing	of your invoice	will begin t	pon receipt	of signed copy of this manifest.	
Signature	Print	Name			Date	



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COMPANY NAME DELCO MORAL					DED	
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transportation accord phila 0609285						
Signature Leaves Mall	Print !	Name CHA	PLES MI	Clas	VE / Phone 227-637	
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COMPANY SOUTH LA	inton En.					
ADDRESS			JOE	3 NO		
CITY / JUSTON	STATE	DH10		_	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary co						
your records. Forward white copy to	_			-		
Signature	Print I	Name		 -	Date	
						



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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED 4 25	P3 EP	A IDENTIFICA	ATION COD	ENO. DAL 08428:61	
ADDRESS 1420 WISCONS						
CITYDAYTON This is to certify that the above named m	aterials are properly cla	Ssified, describe	45401 d, packaged, r	narked and	labeled, and are in proper condition for	
transportation according to 960929154	e regulations of the De	epartment of Tr	ansportation a	nd the EPA	Keep gold copy for your records.	
Signature	Print N	Name	. KEA	CLON	Phone <u>227-6391</u>	
TRANSPORTER		EP	A IDENTIFICA	TION NO.		
COMPANY	SAME.				DE	
ADDRESS						
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This is to certify acceptance of the abo	-	• •	• •			
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COMPANY S. DAYTON	LANS-111					
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This is to certify that the above named m						
transportation accord அந்த இதிக்கி	le regulations of the De	epartment of Tra	insportation	and the EPA	. Keep gold copy for your reco	rds.
Signature	Print N	Vame	REA	RION	Phone <u>-327-639</u>	<i>î1</i>
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COMPANY	JAME.				DE	
ADDRESS			JO	B I.D. NO		
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Signature	Print N	Name			Date Received	
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CERTIFICATION			
GENERATOR DATE SHIPPED 4-28-83 EPA IDENTIF			
COMPANY NAME _DELCO MORAINE DIV. GMC S	STATE I.D. NO.		
ADDRESS1420 WISCONSIN BLVD F CITY DAYTON STATE OHIO 45401	PURCHASE ORDER		
This is to certify that the above named materials are properly classified, described 45ato age	ZIP PHONE	dition to	
transportation according to 6292856 he regulations of the Department of Transportation			
Signature Print Name TEA	Enal Span 327:6	391	
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TRANSPORTER EPA IDENTIF	ICATION NO.		
ADDRESS			
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This is to certify acceptance of the above materials for shipment. Keep pink copy for you			
Signature Print Name	•		
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance			
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Signature Print Name			



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COMPANY NAME <u>DELCO MORAIN</u>					DER	
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transportation according to நடுத்ததிர்க	ple regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for you.	r records. '∼uas d
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TRANSPORTER	0.4					
COMPANY	J .		ST	ATE I.D. COI	DE :	
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COMPANY NAME DELCO MORAIN	F DIV CMC		s	TATE I.D. NO.		
ADDRESS 1420 WISCONS	IN DIVID		PL	JRCHASE OR	DER	
CITYDAVION	STATE	01110		ZIP	PHONE	
This is to certify that the above named n	naterials are properly cla	estated, describe	45401ged	l, marked and	labeled, and are in proper condition for	
transportation according to குருந்து	le regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.	
Signature	Print I	Name	. / (1.	3250J	Phone 327-6311	
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COMPANY	- Arthur				DE	
ADDRESS						
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This is to certify acceptance of the abo	·	• •				
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COMPANY NAME - DELCO MORAIN	E DIV. GMC		ST	ATE I.D. NO.	<u> </u>	
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ADDRESS 1420 WISCONS CITY DAYTON This is to certify that the above named m	naterials are properly cla	OHIO ssilied describe	45401 d backaged	. marked and I	abeled, and are in proper cor	ndition for
transportation according (அத்தைக்க	le regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your	records.
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your records. Forward white copy to	generator, Processing	of your invoice	will begin	upon receipt	of signed copy of this man	
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GENERATOR DELCO MORAIN	HIPPED AND	0 - 8 - EP.	A IDENTIFIC	CATION COD	E NO. (242) 1060928	61
ADDRESS 1420 WISCONS	IN DIVID		ST	ATE I.D. NO.		
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This is to certify that the above named more transportation according to the applications.	ne regulations of the D	epartment of Tra	ansportation	and the EPA.	Keep gold copy for your r	ecords.
Signature	Print I	Name	171	RON	Phone -227-6	391
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TRANSPORTER COMPANY	CAME			CATION NO.)E	
ADDRESS					<u> </u>	
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This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your	records. Appr		
Signature	Print I	Name		·	Date Received	
TREATMENT/DISPOSAL FACILITY					E NO	
COMPANY 5 DAYT	and france	ill				
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This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, i	marked and I	abeled, and are in proper condition for	
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				T 900 10 10 10 10 10 10 10 10 10 10 10 10 1		
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transportation according 0609285						
Signature	Print I	Name	1 RE	1.0ds	Phone <u>9276-91</u>	
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This is to certify that the above named in OHD 06092856 transportation according to the applications.	ole regulations of the D	epartment of Tra	ansportation and the EPA	Keep gold copy for your records.		
				Phone 2276391		
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COMPANY	SAM E	<u>.</u>	STATE I.D. COL	OF.		
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Signature	Print I	Name	TEAR	FON	Phone 227 6391	
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CITYDAYTON	STATE	OHIO	45401 ZIP	F	HONE	
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COMPANY NAME DELCO MORAIN			STA	ATE I.D. NO.		
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CITY DAYTON This is to certify that the above named m	aterials are properly cla	OHIQ	45401 d packaged	marked and I	PHONE	proper condition for
transportation according to අதறுந்து	te regulations of the D	epartment_of_Tr	ansportation a	and the EPA.	. Keep gold copy	for your records.
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COMPANY	SAM					
ADDRESS			JOE	3 I.D. NO		
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	ecords. Appi	ropriate placards	were offered.
Signature	Print f	Name			Date Re	ceived
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ADDRESS		-011	JOE	3 NO		<u> </u>
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Signature	Print (Name			Date	



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ADDRESS 1420 WISCONS				
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transportation according to the application	Ble regulations of the D	epartment of Tr	ansportation and the EP	A. Keep gold copy for your records.
Signature	Print P	Name	15ZAR ON	Phone <u>227.6391</u>
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ADDRESS	STATE				DERPHONE
This is to certify that the above named m OHD 06092856 transportation according to the applicat	ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print I	Name	. 18 F 14	RSON	Phone <u>227-639/</u>
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This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your	ecords. App	ropriate placards were offered.
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COMPANY 5 DAY	· LAWEFIC	4	ST	ATE I.D. NO.	
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COMPANY NAME _DELCO_MORAIN	E DIV. GMC		ST,	ATE I.D. NO.		
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Signature	Print f	Name			Date	Received
TREATMENT/DISPOSAL FACILITY EPA IDENTIFIC				ATION COD	E NO	
COMPANY S. S. AY. LANDG-111 ST						
ADDRESS						
CITY	•					NE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary cover records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this mani-						
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CITYDAYTON	STATE	OHIO	45401 ZIP	PHONE		
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, marked and	d labeled, and are in proper condition for		
transportation according 06923856						
Signature	Print I	Name	1. KEAR)	ON Phone 2276391		
TRANSPORTER		· EP	A IDENTIFICATION NO	•		
COMPANY	5AME	·	STATE I.D. CO	DDE		
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Signature	Print I	Name		Date Received		
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICATION CO	DE NO		
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED				ENO. 042 06092 8561
ADDRESS 1.120 WISCONS					
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This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation accor OHD 06022356	de regulations of the D	epartment of Tra	ansportation a	and the EPA.	Keep gold copy for your records.
Signature	Print I	Name	152	an DON	Phone <u>2276391</u>
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ADDRESS 1.20 WISCONS			PU	TIP	RDER	
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transportation according to the application	le regulations of the D	epartment of Ti	ansportation	and the EPA	. Keep gold copy for your records.	
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ADDRESS						
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ADDRESS 1420 WISCONSI					
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, m	arked and	labeled, and are in proper condition for
transportation accounts to 1960933561	ole regulations of the D	epartment of Tra	ansportation at	nd the EPA	. Keep gold copy for your records.
Signature	Print I	Name	KEAN	ROOM	Phone <u>227-6391</u>
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your records. Forward white copy to			•	• • •	
Signature	Print I	Name	·	<u>·</u>	Date
					



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transportation according to 609235161	ole regulations of the D	epartment of Tr	ansportation	and the EPA.	Keep gold copy	for your records.	
Signature	Print I	Name	, ICEA	RDON	Phone _	227-6391	
TRANSPORTER	• .	EP	A IDENTIFIC	CATION NO.			
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COMPANY NAME DELCO MORAIN							
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CITY DAYTON This is to certify that the above named m	STATE						
transportation accor		• -					
Signature	Print N	Vame	· ICEs	TREDW	Phone <u>2276391</u>		
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TREATMENT/DISPOSAL FACILITY COMPANY	ion /Ann	EP.	A IDENTIFIC	CATION COD	E NO		
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your records. Forward white copy to	-	•	· .				
Signature		5 E. L. 5	-				



□ HAZARDOUS ➡NÓN—HAZARDOUS ➡WASTE □ RECLAIMABLE MATL. NO. □ □ 1/5/5

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IN CASE OF EMERGENCY, NO	TIFY:	E ARDON		TRAI	LER NO. TRACTOR NO.	
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□ RECLAMATION □ IN	CINERATION	- LAN	DFILL	□ OTHI	ER (Specify)	
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GENERATOR DELCO MORAIN	NE DIV. GMC					
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CITYDAYTON						
This is to certify that the above named more transportation according to the applications.	aterials are properly cla	ssified, describe	d, packaged, r	narked and	labeled, and are in proper condition for	
transportation according to the application	Print N	epartificing of 11	EA	nio ille EFA ÆŠ∧⊷/	Phone 227/239/	
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ADDRESS		~				
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appi	ropriate placards were offered.	
Signature	Print I	Name	·	· 	Date Received	
TREATMENT/DISPOSAL FACILITY		<b>E</b> P.	A IDENTIFICA	ATION COD	E NO	
COMPANY 5. DAY.	pnr 5-111		STA	TE I.D. NO.		
ADDRESS	· · · · · · · · · · · · · · · · · · ·	24	JOE	3 NO		
	TON STATE				PHONE	
This is to certify completion of treatmen			•			
your records. Forward white copy to				•		
Signature	Print I	Name		<del> </del>	Date	



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GENERATOR DATE S				TION COD	ENO. CAROLESIS	
COMPANY NAME DELCO MORAL	NE DIV. GMC		STA	TE I.D. NO.		
ADDRESS 1120 WISCONS	SIN BLVD.		PUR	CHASE OR	DER	
CITY DAYTON This is to certify that the above named n	STATE	DHIQ	45401 Z	IP	PHONE	
This is to certify that the above named in transportation accorded to \$150.000 transportation accorded	naterials are properly cla	ssified, describe	d, packaged, m	narked and I	labeled, and are in proper condition for	
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COMPANY	JAn5					
ADDRESS						
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	cords. Appi	ropriate placards were offered.	
Signature	Print I	Name			Date Received	
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation accord 10 96092855	e regulations of the D	epartment of Tra	nsportation	and the EPA.	Keep gold copy for your records.
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GOMPANT NAME	
ADDRESS 1 120 WISCONSIN BLVD. PURCHASE ORDER CITY DAYTON STATE OHIO 25401 ZIP PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in prop	er condition for
transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for	your records.
Signature Print Name Print Name Phone 22	76391
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COMPANY STATE I.D. CODE ADDRESS JOB I.D. NO	
CITY STATE ZIP PHONE	•
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were	offered.
Signature Print Name Date Receive	d
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ADDRESS JOB NO	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep ca	44
your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of thi Signature Date Date	<i>:</i>



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COMPANY NAME LCO MORAIN	IN DIVID		PURCI	: I.D. NO. HASE OB	DER :
ADDRESSO WISCONS CITYDAYTON	STATE	OHIO	ZIP		PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	ed, packaged, ma	rked and	labeled, and are in proper condition fo
transportation accor	de regulations of the D	epartment of Tr	ansportation and	the EPA	. Keep gold copy for your records.
Signature	Print I	Name	KEASE	01	Phone 227-6391
TRANSPORTER					<u> </u>
COMPANY	51mE				DE
ADDRESS					
CITY	STATE		ZIP	· 	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your reco	rds. App	ropriate placards were offered.
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TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFICATI	ON COD	E NO
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GENERATOR COMPANY NAME DELCO MORAII	NE DIV. GMC				DE NO. (24 2 1/50/128:161)
ADDRESS 1.120 WISCONS					IDER
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This is to certify that the above named n	naterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition fo
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records.
Signature	Print l	Name	100 Dr.	2)10/	Phone <u> </u>
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COMPANY	FAME		ST/	ATE I.D. CO	DE
ADDRESS					
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This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink c	opy for your r	ecords. App	ropriate placards were offered.
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COMPANY	PN FILL				
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ADDRESS	STATE	0410			PHONE
This is to certify completion of treatmer	nt, storage, reclamation,	or disposal in c	ompliance wit	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoic	e will begin u	pon receipt	of signed copy of this manifest.
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ADDRESS 20 WISCONS						
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This is to certify that the above named r	naterials are properly cla	assified, describe	еа, раскадеа	, marked and	labeled, and are in proper condi	tion to
transportation according 060 32850	ble regulations of the D	epartment of Tr				
Signature	-la Print I	Name	17.1	Blow	Phone	9/
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This is to certify acceptance of the abo	•	• •			· ·	
Signature	Print	Name		··	Date Received	
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COMPANY	By. LANG	111	ST	TATE I.D. NO	DE NO.	
ADDRESS			JO)B NO		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED STATE	- 7-3 EP	A IDENTIFIC	ATION COL	DE NO. 014 - 06092 8:561
ADDRESS 1420 WISCONS	IN BLVD.		517	RCHASE OF	RDER
CITYDAYTON					
This is to certify that the above named r	naterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print l	Name	10=1	noid -	Phone <u>2276391</u>
TRANSPORTER				-	
COMPANY	5 Ann	5	ST/	ATE I.D. CO	DE
ADDRESS	<u> </u>				
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your r	ecords. App	ropriate placards were offered.
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GENERATOR DELCO MORAIN	IE DIV. GMC	<u>0 17 Э</u> ЕР.	A IDENTIFIC	ATEID NO	E NO. (141:103012 8) 8 1	
ADDRESS1420 WISCONS	IN BLVD.				DER	
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This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the application						
Signature	Print I	Name	REAR	<i>>></i> ✓	Phone 257 6391	
TRANSPORTER						
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This is to certify acceptance of the abo	•					
Signature	Print I	Name			Date Received	
TREATMENT/DISPOSAL FACILITY	, ,				E NO	
COMPANY S. DAYTON	LADRIC					
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GENERATOR DATE S					DE NO. OLO 060928561	
COMPANY NAME DELCO MORAJI						
ADDRESS 1120 WISCON						
CITYDAYTON	STATE	- NHO	45401	ZIP	PHONE	
This is to certify that the above named r	materials are properly cla	assified, describe	d, packaged,	marked and	labeled, and are in proper condition fo	
transportation according 00000 2000						
Signature	Print l	Name	37.77	(C)20/	Phone <u>\$2.76.597</u>	
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COMPANY	SH w E	<u> </u>	ST	ATE I.D. CO	DE	
ADDRESS			JO	B I.D. NO	· · · · · · · · · · · · · · · · · · ·	
CITY						
This is to certify acceptance of the abo	•			• •	•	
Signature	Print	Name			Date Received	
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COMPANY SEAVIN	PANTEILL		ST	ATE I.D. NO.	· 	
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This is to certify completion of treatment	nt, storage, reclamation,	or disposal in co	ompliance wi	th appropriat	te regulations. Keep canary copy for	
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GENERATOR DATES COMPANY NAME DELCO MORAIN	E DIV. GMC			DE NO. = 1 2000/2 100		
ADDRESS1420 WISCONSI	N BLVD.			RDER		
CITYDAYTON		OHIO				
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, package marked and	labeled, and are in proper condition for		
transportation according to 160 27856	le regulations of the D	epartment of Tra	ansportation and the EPA	A. Keep gold copy for your records.		
Signature	Print P	Name	FEARLOW	Phone 2276391		
TRANSPORTER		EP	A IDENTIFICATION NO.	·		
COMPANY	1900			DE		
ADDRESS						
CITY	STATE		ZIP	PHONE		
This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your records. App	propriate placards were offered.		
Signature	Print N	Name 🔔		Date Received		
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TREATMENT/DISPOSAL FACILITY COMPANY	9-170N 219,	クシケノとし	STATE LD NO	1		
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ADDRESS 1420 WISCONS	SIN BLVD.		PU	RCHASE OR	DER
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Signature	Print l				
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TRANSPORTER					
COMPANY	SAME				
ADDRESS					
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Signature	Print	Name			Date Received
TREATMENT/DISPOSAL FACILITY	- / 1	EP EP			DE NO
COMPANY	TON FANDE				
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This is to certify completion of treatme your records. Forward white copy	ent, storage, reclamation,				te regulations. Keep canary copy for to signed copy of this manifest.
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ADDRESS1 120 WISCON	SIN BLVD.		PU	RCHASE OR	DER
CITYDAYTON	STATE	<u>OHIO</u>	45401	ZIP	PHONE
This is to certify that the above named n					
transportation according to the applies					
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COMPANY	S Asm E				DE
ADDRESS					
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This is to certify acceptance of the abo					•
Signature	Print	Name			Date Received
TREATMENT/DISPOSAL FACILITY COMPANY ADDRESS CITY	DAYTON LA	NEC (A IDENTIFIC	ATION COD	E NO
ADDRESS	· · · · · · · · · · · · · · · · · · ·		JO:	R NO	
CITY	Y)ON STATE	0410		ZIP	PHONE
This is to certify completion of treatmen	it, storage, reclamation.	or disposal in co	ompliance wi	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	e will begin u	pon receipt	of signed copy of this manifest.
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ADDRESS 1420 WISCONS	SIN BLVD.		PUR	CHASE OR	DER	
CITY DAYTON						
This is to certify that the above named n						
transportation according to 06092656						
Signature	Print l	Name	TEAR	14	Phone <u>227.6391</u>	
TRANSPORTER	٠	EP	A IDENTIFICA	TION NO.		
COMPANY					DE	
ADDRESS						
CITY						
This is to certify acceptance of the abo						
Signature	Print	Name			Date Received	
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TREATMENT/DISPOSAL FACILITY COMPANY	TON LAND	F111	STA	TE I.D. NO.		
ADDRESS			JOB	NO		
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GENERATOR DATES				TION COD	ENO. 0ND060928561
COMPANY NAME DILCO MORAIN	E DIV. GMQ				ENU. OZ DORO JEJON ST
ADDRESS 20 WISCONS					DER
CITYDAYTON					
This is to certify that the above named r	naterials are properly cla	ssified, describe	d, packaged, r	narked and	labeled, and are in proper condition fo
transportation according to 6092855					
Signature	and Print I	Name	EMRSON	/	Phone 227.6341
TRANSPORTER		FP	A IDENTIFICA	ATION NO.	
COMPANY	SAME		STA	TE I.D. CO	DE
ADDRESS			JOE	I.D. NO	<u> </u>
CITY	STATE	:**	2	IP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	cords. App	ropriate placards were offered.
Signature	Print I	Name			Date Received
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TREATMENT/DISPOSAL FACILITY COMPANY	TION LAND	FYCC	STA	TE I.D. NO.	
ADDRESS			JOE	NO	
ADDRESS	STATE	0410	2	IP	PHONE
This is to certify completion of treatmen		•	and the second second		
your records. Forward white copy to	-		-	. •	
Signature	Print l	Name			Date



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GENERATOR DATE S COMPANY NAME DELCO MORAIN					ENO. ON 1 060928561
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ADDRESS 1420 WISCONS CITY DAYTON	STATE	0.110	FU	7IP	PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	45401 d. packaged.	marked and	abeled, and are in proper condition for
transportation according 000022056	e regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print I	Name	1.128	ARZON	1 Phone <u>-327-6391</u>
TRANSPORTER					
COMPANY	SAME				DE
ADDRESS			JO	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	ppy for your i	records. Appı	opriate placards were offered.
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO
COMPANY	TON /BN	FIC	ST	ATE I.D. NO.	
ADDRESS	· · · · · · · · · · · · · · · · · · ·	01/	JO	B NO	
CITY	on STATE				PHONE
This is to certify completion of treatment					
your records. Forward white copy to					
Signature	Print I	Name			Date





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GENERATOR DATE S	SHIPPED	23EP	A IDENTIFIC	ATION COD	ENO. 04/2 06092
COMPANY NAME DELCO MORAIN	E DIV. GMQ		ST	ATE I.D. NO.	
ADDRESS 1420 WISCONS					
CITYDAYTON	STATE	OHIO	45401	ZIP	PHONE
This is to certify that the above named in	naterials are properly cla	issified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to file applica	bie regulations of the D	repartment of Ir	ansportation	and the EFA	Reep gold copy for your records.
Signature	Print l				
TRANSPORTER	50				
COMPANY					DE
CITY	CTATE			8 I.D. NO	PHONE
This is to certify acceptance of the abo					•
Signature	Print	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO
COMPANY . SAYT	ON LANDI	110	ST	ATE I.D. NO.	
ADDRESS			JO	B NO	
CITY	Z STATE 💆	1910			PHONE
This is to certify completion of treatmer your records. Forward white copy to					of signed copy of this manifest.
Signature					Date



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NON HAZ		36015			CAMORIC
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		ERTIFICATIO			
GENERATOR COMPANY NAME DELCO MORAII	NE DIV. GMC	/			ENO. 0HD 060928381
ADDRESS 1:20 WISCONS	SIN BLVD.				DER
CITYDAYTON		DHO	_45401_ ·	ZIP	PHONE
This is to certify that the above named m	naterials are properly cla	assified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the application of the	die regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print l	Name	KEA6	F DON_	Phone
TRANSPORTER 6					
COMPANY		<u> </u>	ST/	ATE I.D. COI	DE
ADDRESS		<u> </u>	JOI	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered.
Signature	Print	Name			Date Received
TREATMENT/DISPOSAL FACILITY	,	EP	A IDENTIFIC	ATION COD	E NO
COMPANY 5 TOWN	and LAND	5111	ST/	ATE I.D. NO.	
ADDRESS			JOI	B NO	
1					PHONE
This is to certify completion of treatmen		or disposal in co	ompliance wit	th appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	•				
Signature	Print (Name		· · · · · · · · · · · · · · · · · · ·	Date
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
Nort 1/12		30 MAGE	4		SCRAF WOOD
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	MATE	RIAL DISPOS	SITION		
□ RECLAMATION □ II	NCINERATION	₽ LAN	DFILL	□ OTHI	ER (Specify)
ADDITIONAL	<u> </u>				
INFORMATION:		٠			
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GENERATOR DATE S	HIPPED	83 EP	A IDENTIFIC	CATION COD	ENO/4/2/1/2/28-61
COMPANY NAME DELCO MORAIN					
ADDRESS1:20 WISCONS	IN BLVD,		PU	RCHASE OR	DER
CITY ————————————————————————————————————	naterials are properly cla	OHIO	45401	marked and	labeled and are in proper condition for
transportation according to 662 3866	le regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold copy for your records:
Signature					
TRANSPORTER COMPANY	1 mr E				DE
ADDRESS					
CITY	STATE	1		ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	opy for your	records. App	ropriate placards were offered.
Signature	Print	Name			Date Received
1	-				
COMPANY	LANDEN	<u> </u>	S1	ATE I.D. NO.	
			JC	B NO	
CITY	STATE	0410		ZIP	PHONE
This is to certify completion of treatmer	nt, storage, reclamation,	or disposal in c	ompliance w	ith appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin	upon receipt	of signed copy of this manifest.
Signature	Print I	Name			Date
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□ RECLAMATION □ IN	CINERATION	DLAN	DFILL	OTH	ER (Specif	y)
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GENERATOR DELCO MORAIN	HIPPED	EP.	A IDENTIFIC	ATE LO NO	E NO. <u>(24/ 3</u>	030728381
ADDRESS 1420 WISCONS						
CITYDAYTON This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	45401 d, packaged,	marked and	labeled, and a	re in proper condition for
transportation according to the assistai	le regulations of the D	epartment of Tr	ansportation	and the EPA	. Keep gold o	copy for your records.
Signature	Print !	Name	15 FAR	Sod	Pho	one 2276341
TRANSPORTER	•					
COMPANY	JAM E					
ADDRESS		**				
CITY						,
This is to certify acceptance of the above						
Signature	Print I	Name	·		Dat	e Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO	
COMPANY	TON LAND	FILC	ST.	ATE I.D. NO.		
ADDRESS			JO	B NO	· · · · · · · · · · · · · · · · · · ·	
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This is to certify completion of treatmen						
your records. Forward white copy to	The second secon	Staffe to the Control	,		- · · · · ·	
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GENERATOR DATES				CATION COD	ENO. 04 00609	128561
GENERATOR DELCO MORAIN	E'DIV. GMC					
ADDRESS 1120 WISCONS			PU	IRCHASE OF	IDER	
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This is to certify that the above named n	naterials are properly cla	ssified, describe	ed, packaged,	marked and	labeled, and are in proper	condition for
transportation according to the applica						
Signature	Print l				Phone 227	
TRANSPORTER C		·			·	
COMPANY					DE	
ADDRESS					PHONE	
This is to certify acceptance of the abo						
Signature	•	, , ,	• •	• •	•	
TREATMENT/DISPOSAL FACILITY COMPANY	/ Janistic	EP	A IDENTIFIC et	ATE IN NO	DE NO	
ADDRESS			 	B NO		
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					ENO. 04006	2925-61
GENERATOR DATE S COMPANY NAME DELCO MORAIN	E DIV. GMO	EP	A IDENTIFIC	CATION COD	E NO. (277.5700	120101
ADDRESS 1420 WISCONS	IN RI VD		SI	RCHASE OR	DEB	
CITY	naterials are properly cla	SSIFIED describe	45401 d. packáged	marked and I	abeled, and are in pro	per condition for
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA.	Keep gold copy for	your records.
Signature	Print I	Name S	7 574	AREW	Phone 2	27 6391
TRANSPORTER (/	5Am E				DE	
ADDRESS		**				
CITY						
This is to certify acceptance of the abo						
Signature	Print I	Name			Date Receiv	red.
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TREATMENT/DISPOSAL FACILITY COMPANY	TON LANDI	E)[[A IDENTIFIC	ATE LO NO	E NO	
ADDRESS	77-11					
CITY	STATE	0410			PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to	- .	•	•		_	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION
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GENERATOR DELCO MORA	NEPER. GMC	7-3 5 EP	A IDENTIFIC	ATION COD	ENOCOHD 06092856
ADDRESS1420 WISCON	 			ATE 1.D. 140.	 DER
ADDITION	STATE	OHIQ			PHONE
This is to certify that the above named n			•		
transportation according to the applica	61 ole regulations of the D	epartment of Tra	ansportation	and the EPA	Keep gold copy for your records.
	r-la- Print I				Phone _077.6391
TRANSPORTER	•				
COMPANY					·
ADDRESS		7	JO	B I.D. NO	DE
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your	records. App	ropriate placards were offered.
Signature	Print I	Name	·	·	Date Received
TREATMENT/DISPOSAL FACILITY		EP	A IDENTIFIC	ATION COD	E NO
COMPANY S. WASTON	GARDEN	<u></u>	ST	ATE I.D. NO.	
ADDRESS	 				
CITY					PHONE
This is to certify completion of treatment your records. Forward white copy to	-	9	-		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRI	PTION
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GENERATOR DATE S		•		ATION COD	ENO. 0/1 0 060	9285
COMPANY NAME DELCO MORAIN						
ADDRESS1420 WISCONS	IN BLVD.		PU	RCHASE OF	DER	
CITY	STATE	OHIO	45401	ZIP	PHONE	<u> </u>
This is to certify that the above named m	naterials are properly cla	ıssified, describe	d, packaged,	marked and	labeled, and are in proper o	condition for
transportation according to 06092356	ble regulations of the D	epartment of Tr	nsportation	and the EPA	. Keep gold copy for you	r records.
Signature	Print I	Name	· /IEI	4R DOW	Phone 227	-637
TRANSPORTER (
COMPANYSAM					DE	
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This is to certify acceptance of the abo						1
Signature	1					
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COMPANY S. DALJETON	100000	/ EP.	A IDENTIFIC	ATELS NO	E NO	
ADDRESS	27112112		ST	A I E. I.D. NO. B. NO		
CITY DANTON	STATE C	2410		2 NO	PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to					•	
Signature	Print I	Name		. <u>.</u>	Date	
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
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□ RECLAMATION □ II	NCINERATION	□ LAN	DFILL	□ OTH	ER (Specify)	
ADDITIONAL						
INFORMATION:			 			
	,	ERTIFICATIO				
GENERATOR COMPANY NAME DELCO MORAIN	HIPPED 6-17				ENO.040 060 9285	
ADDRESS 1120 WISCONS	SIN BLVD.				DER	
CITYDAYTON	STATE	OHIQ	45401	ZIP	PHONE	
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for	
transportation according to the applica	ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.	
Signature	Print I				Phone <u>227.639</u> /	
TRANSPORTER SAM	a F					
ADDRESS			ST.	ATE I.D. COI	DE	
CITY						
This is to certify acceptance of the abo						
Signature	•	• •	• •	• •	•	
TREATMENT/DISPOSAL FACILITY					PE NO	
COMPANY S. DARITON	LANDEI	16	ST	ATE I.D. NO.		
ADDRESS			JO	B NO		
CITY DAYTON	STATE				PHONE	
This is to certify completion of treatmer your records. Forward white copy to						
Signature	Print	Name	· · ·		Date	
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IMMEDIATE RESPONSE INFOR	RMATION					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	IER TYPE	MATERIAL DESCRIPTION	
NON HAZ		30405	•		CONCRETE	
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	MATE	RIAL DISPOS	SITION			
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ADDITIONAL INFORMATION:					·	
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GENERATOR DATES	HIPPED6-1	11.83 EP	A IDENTIFIC	ATION COD	ENO. 040060 92856	
COMPANY NAME DELCO MORAI	NE DIV. GMC		ST	ATE I.D. NO.		
ADDRESS 1.120 WISCON	SIN BLVD.	· · · · · · · · · · · · · · · · · · ·	PU	RCHASE OR	DER	
CITY	STATE	OHO Coscribe	45401	ZIP	labeled and are in proper condition for	
transportation according to the applica-	ble regulations of the D	epartment of Tra	ansportation	and the EPA	. Keep gold copy for your records.	
Signature	Print P				Phone Phone	
TRANSPORTER			•		227-639	
COMPANYSAM	E				DE	
ADDRESS			JO	B I.D. NO		
CITY					PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. App	ropriate placards were offered	
Signature	Print I	Name			Date Received	
TREATMENT/DISPOSAL FACILITY COMPANY	مر مرا لمو	C EP.			E NO	
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This is to certify completion of treatmer						
your records. Forward white copy to						
Signature				•		



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ADDRESS 1.20 WISCON			517	ATE I.D. NO.	IDER
	STATE	OHIO	45401		PHONE
This is to certify that the above named in OHD 0609285 transportation according to the applical	naterials are properly cla 61 ble regulations of the D	ssified, describe epartment of Tr	d, packaged, ansportation a	and the EPA	. Keep gold copy for your records.
Signature	Print I	Name	KEAR	ON	Phone <u> </u>
TRANSPORTER					
COMPANY	·	***	STA	ATE I.D. CO	DE
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Signature	Print P				•
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This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print I	Name			Date



EMERGENCY INFORMATION				SCAL	E INFORMATION	
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GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED				ENO. 0H3 06012	
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in prope	r condition for
transportation according to the applica	le regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for ye	our records.
Signature	Print P	Name	KEAG	NOCE	Phone <u>227</u>	7-6391
TRANSPORTER						
COMPANY	SAME		ST	ATE I.D. COL	DE	
ADDRESS			JO	B I.D. NO		·
CITY	STATE			ZIP	PHONE	
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appı	opriate placards were o	ffered.
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GENERATOR DATE S COMPANY NAME J.LCO MORAIN	IE DIV. GMC				
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This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applica	e regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print I	Name	, KE,	grions	Phone <u>227 6391</u>
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY	SAN		ST.	ATE I.D. CO	DE
ADDRESS			JO	B I.D. NO	
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This is to certify acceptance of the abo	ve materials for shipme	• •			•
Signature	Print I	Name	· .	· —	Date Received
TREATMENT/DISPOSAL FACILITY					
COMPANY	y. LANDI	-/((ST	ATE I.D. NO.	
ADDRESS		- 47	JO	B NO	
CITY	TO STATE	2410		ZIP	PHONE
This is to certify completion of treatmen	it, storage, reclamation,	or disposal in co	ompliance wit	th appropriat	e regulations. Keep canary copy for
your records. Forward white copy to					
Signature	Print (Name	·		Date
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□ RECLAMATION □ II	NCINERATION	□ LAN	DFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:					
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GENERATOR DATES		J 3 ED	A IDENTIFIC	ATION COD	ENO. OND 060928561
GENERATOR DATE S COMPANY NAME DELCO MORAIN	E DIV. GMO				LINO.
ADDRESS					DER
CITYBAYTON	STATE				PHONE:
This is to certify that the above named m	aterials are properly cla	issified, describe	d, packaged,	marked and l	abeled, and are in proper condition for
transportation according 0603285	he regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold copy for your records.
Signature	Print I	Name	. TEA	820ml	Phone <u>227-6391</u>
TRANSPORTER		EP	A IDENTIFIC	ATION NO.	
COMPANY					DE
ADDRESS			JO	B I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appi	ropriate placards were offered.
Signature	Print I	Name		·	Date Received
TREATMENT/DISPOSAL FACILITY		· EP	A IDENTIFIC	ATION COD	E NO
COMPANY ZAYTO	n 1901516	· (ST/	ATE I.D. NO.	
			JOI	B NO	<u> </u>
ADDRESS	STATE	0410		ZIP	PHONE
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Signature	Print I	Name	<u> Programa de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición dela composición </u>		Date
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IN CASE OF EMERGENCY, NOTIFY:	TRAILER NO. TRACTOR NO.
SHIPPING INFORMATION	<u>S</u>
D.O.T. SHIPPING DESCRIPTION HAZARD CLASS QUANTITY CONTAINS	ER TYPE MATERIAL DESCRIPTION
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MATERIAL DISPOSITION	
□ RECLAMATION □ INCINERATION □ LANDFILL	□ OTHER (Specify)
ADDITIONAL INFORMATION:	
CERTIFICATION	
l /	TION CODE NO 040 060 928-61
	TE I.D. NO.
ADDRESS 1420 WISCONSIN BLVD. PUR	CHASE ORDER
CITY — DAYTON STATE — OHIO 45401	IP PHONE
This is to certify that the above named materials are properly classified, described, packaged, r	narked and labeled, and are in proper condition for
transportation according to 160 233 35 ble regulations of the Department of Transportation a	nd the EPA. Keep gold copy for your records.
Signature Print Name 7, YEAR	Phone <u>-727-639/</u>
TRANSPORTER EPA IDENTIFICA	TION NO.
COMPANYSTA	TE I.D. CODE
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CITY STATE Z	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your re	
Signature Print Name	Date Received
TREATMENT/DISPOSAL FACILITY EPA IDENTIFICA	ATION CODE NO.
COMPANY STATION LANDFILL STA	
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with your records. Forward white copy to generator. Processing of your invoice will begin up Signature Print Name	oon receipt of signed copy of this manifest.



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GENERATOR DATES	SHIPPED	7 /3 60	A UDENITIES ATIO	N CODE NO COSTA	CK028-61
COMPANY NAME DELCO MORAL	NE DIV. GMO		STATE I.	D. NO	
ADDRESS 1420 WISCONS				SE ORDER	
CITY	STATE	OHIO	ZIP -	PHO	NE
This is to certify that the above named r	materials are properly cla	ssified, describe	d, packaged, mark	ed and labeled, and are	e in proper condition for
transportation according to 960 applies					
Signature	Print I				
TRANSPORTER	2	EP	A IDENTIFICATION	N NO	
COMPANY	· ·				
ADDRESS		7	JOB I.D.	NO	
CITY This is to certify acceptance of the abo					
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Signature	Print I	Name		Date	Received
TREATMENT/DISPOSAL FACILITY	1 /200 60	EP	A IDENTIFICATIO	N CODE NO	
COMPANY	N & HALFIC		STATE I.	D. NO	
ADDRESS			JUB NO.	PHO	
This is to certify completion of treatmen					
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		ERTIFICATIO			
GENERATOR DATES	HIPPED				ENO. OHI 0/0928561
COMPANY NAME DELCO MORAIN					
ADDRESS1420 WISCONS	SIN BLVD.		PUR	CHASE OF	NDER PHONE '
CITY DAYTON	STATE	OHIO	45401 Z	IP	PHONE
This is to certify that the above named named in transportation according 0.60 9285					
					Phone <u>2276 391</u>
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TRANSPORTER (COMPANY	5000				
ADDRESS		-			DE
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ADDITIONAL					
INFORMATION:					
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GENERATOR DATE S COMPANY NAME DELCO MORA!!	HIPPED				ENO.041: 060928:61
ADDRESS1420 WISCONS	SIN BLVD.		PUF	RCHASE OR	DER
CITYDAYTON	STATE	OHIQ	-45401 - ²	ZIP	PHONE
This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged, i	marked and	labeled, and are in proper condition for
transportation according to 06092855					
Signature	Print P	Name 🚅	KEAL	Worl	Phone <u>-227 6391</u>
TRANSPORTER		EP	A IDENTIFICA	ATION NO.	
COMPANY	SAME		STA	TE I.D. COL	DE
ADDRESS		+ 7.2	JOE	3 I.D. NO	
CITY	STATE			ZIP	PHONE
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your re	ecords. App	ropriate placards were offered.
Signature	Print I	Name			Date Received
TREATMENT/DISPOSAL FACILITY	,	FP	A IDENTIFIC	ATION COD	E NO
COMPANY 5 DAYTON	V LANGERICE		STA	TE I.D. NO.	
ADDRESS	-		JOE	3 NO	
CITY	STATE	410	;	ZIP	PHONE
This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co	ompliance wit	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to		-	_		• • • • • • • • • • • • • • • • • • • •
Signature	Print I	Name		· · · · · · · · · · · · · · · · · · ·	Date
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INFORMATION:					
	4	ERTIFICATIO			
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED				ENO. 154 <u>0 104092.8561</u>
ADDRESS1120 WISCONS	IN BLVD.		PUI	RCHASE OR	DER
CITYDAYTON					
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ADDRESS					
CITY					
This is to certify acceptance of the abo	ve materials for shipme	nt. Keep pink co	py for your r	ecords. Appi	ropriate placards were offered.
Signature	Print I	Name	 		Date Received
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COMPANY	TON LANSFI	111	ST/	ATE I.D. NO.	
ADDRESS					a.
CITY	STATE	04/10		ZIP	PHONE
This is to certify completion of treatmen					
your records. Forward white copy to					
Signature	Print I	Name		·	Date



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RECLAMATION IN	NCINERATION	LAN	DFILL	OTH	ER (Specify)
ADDITIONAL INFORMATION:					
		ERTIFICATION			
	,				ENO. 000060928561
GENERATOR DATE S COMPANY NAME DELCO MORAIN	HIPPED <u>/3 ~2.7</u> I E DIV. GMC				E NO. <u>1200 - 3800 AC 3 AC</u>
ADDRESS 1 20 WISCONS					DER
CITY DAYTON					
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	, marked and I	abeled, and are in proper condition for
transportation according to the application	e regulations of the D	epartment of Tr	ansportation	and the EPA.	Keep gold copy for your records.
Signature	Print N	Name	C.E. 1273	50.0	Phone 2276391
TRANSPORTER	4	EP	A IDENTIFIC	ATION NO.	
COMPANY	Upm E		ST	ATE I.D. COD	DE
ADDRESS		<u> </u>	JO	B I.D. NO	<u> </u>
CITY					
This is to certify acceptance of the abo					· · · · · · · · · · · · · · · · · · ·
Signature	Print f	Name			Date Received
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COMPANY					
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This is to certify completion of treatmen your records. Forward white copy to					
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYP	MATERIAL DESCRIPTION
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	TORTELIZATION	- 271111	5, 122	
ADDITIONAL INFORMATION:				
	CI	ERTIFICATIO	N	
GENERATOR DATES	,			ODE NO 124060928-61
GENERATOR DATES COMPANY NAME DELCO MORAIN	E DIV. GMO			NO
ADDRESS 1420 WISCONS	IN BLVD.		PURCHASE	ORDER
CITY DAYTON	STATE	OHIQ		PHONE
				and labeled, and are in proper condition for
				EPA. Keep gold copy for your records.
Signature	Print I	Name	KEARLON	Phone 227-6391
TRANSPORTER	· ·			IO
COMPANY	SAME			CODE
ADDRESS			JOB I.D. NO)
This is to certify acceptance of the abo				
1 ' '	· · · · · · · · · · · · · · · · · · ·	• •	• •	
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TREATMENT/DISPOSAL FACILITY	and the same	EP.	A IDENTIFICATION C	NO.
COMPANY	IM JANGE	· ·	STATE I.D. I	NO
ADDRESS	07475	01/11	JOB NO	PHONE
				riate regulations. Keep canary copy for
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Signature		•		
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**	SHIPPI	NG INFORM	IATION			
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCR	RIPTION
Non Una		30 71180			BOYES/BANS	Jane 1
		7.25				
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	MATE	RIAL DISPO	SITION			
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INFORMATION:						
		ERTIFICATION				
					DE NO.547 060 92	
COMPANY NAME DELCO MORAIN						
CITY DAVISORS	STATE		FUF	TIP	PHONE	•
ADDRESS 1:20 WISCONS CITY DAYTON This is to certify that the above named n	naterials are properly cla	OHIO issified, describe	45401 ed, packaged,	marked and	labeled, and are in proper	condition for
transportation accord 1000000000000000000000000000000000000	de regulations of the D	epartment of Tr	ansportation a	and the EPA	. Keep gold copy for yo	ur records.
Signature	Print I	Name/	PE.42301	<u>/</u>	Phone <u>227</u>	6391
TRANSPORTER						
COMPANY						
ADDRESS						
CITY						
This is to certify acceptance of the abo			•	• •	•	
Signature	Print	Name		· · · ·	Date Received	
TREATMENT/DISPOSAL FACILITY	10 > 0				DE NO	
COMPANY						
ADDRESS	/ STATE S	0410	JOE	3 NO	PHONE	
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GENERATOR DELCO MORAIN	NE DIV. GMC	<u>//</u>		DE NO. <u>Cory R. 2009 (2</u>			
ADDRESS 1420 WISCONS	SIN BLVD.		PURCHASE O				
CITYDAYTON			_ 45401 ZIP	PHONE			
This is to certify that the above named no OHD 06092856 transportation according to the applica	naterials are properly cla	ssified, describe	d, packaged, marked and	l labeled, and are in proper condition for			
Signature	Print I	Name	· KRARTON	Phone <u>227 6371</u>			
TRANSPORTER	~						
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OCLOO MODAINE DIV (2001)	TION CODE NO. 642 060928561 TE I.D. NO.
ADDRESS 1120 WISCONSIN BLVD.	CHASE ORDER
CITY STATE OHIO 45401_ Z	
This is to certify that the above named materials are properly classified, described, packaged, m	
transportation according to the price of the Department of Transportation and Signature Print Name	Phone 237.6391
	TION NO
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This is to certify acceptance of the above materials for shipment. Keep pink copy for your rec	cords. Appropriate placards were offered.
Signature Print Name	Date Received
TREATMENT/DISPOSAL FACILITY PARTIES PA IDENTIFICA	TION CODE NO.
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This is to certify completion of treatment, storage, reclamation, or disposal in compliance with	
your records. Forward white copy to generator. Processing of your invoice will begin up	
Signature Print Name	Date



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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, mark	ed and I	abeled, and are in proper	condition for
transportation according to the application	e regulations of the De	epartment of Tra	ansportation and t	he EPA.	Keep gold copy for yo	ur records.
Signature (Le	Print N	Name	REMAZO	. -/	Phone <u>227</u>	6391
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ADDRESS 1.20 WISCONS	SIN BLVD.		PUR	CHASE OF	RDER	
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This is to certify that the above named metals transportation according to the applications.						
	Print N				V Phone 227 6391	
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This is to certify completion of treatmen	t, storage, reclamation,	or disposal in co			and the second of the second o	
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ADDRESS 1:20 WISCONSI	IN BLVD.		PUR	CHASE OR	DER		
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CITY DAYTON This is to certify that the above named means transportation according to the approximation according to	aterials are properly cla	ssified, describe	d, packaged, n	narked and	labeled, and are in	proper condit	ion for
transportation according to the application	le regulations of the Do	epartment of Tra مستر	ansportation a	nd the EPA	. Keep gold copy	for your reco	ords.
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TRANSPORTER							
COMPANY	AME				DE		
ADDRESS							
CITY This is to certify acceptance of the above					PHONE		
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COMPANY S. DAYTON	Z ANSFICE						
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ADDRESS1420 WISCONS				
CITY DAYTON This is to certify that the above named n				
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged, marked ar	nd labeled, and are in proper condition fo
transportation according 06092356				
Signature	Print N	Name	1 MARAGO	on Phone 227 639
TRANSPORTER	< a	EP	A IDENTIFICATION NO	D
COMPANY	OAM.			ODE
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TREATMENT/DISPOSAL FACILITY COMPANY	Tron la	مر مر س	A IDENTIFICATION CO STATE I.D. N	
ADDRESS	The state of the s			· · · · · · · · · · · · · · · · · · ·
CITY	STATE	OH!D		PHONE
This is to certify completion of treatmen	-			
our records. Forward white copy to	generator. Processing	of your invoice	will begin upon recei	pt of signed copy of this manifest.
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for		
transportation according to 116092856	regulations of the D	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.		
Signature	Print N	Name	REA	4500N	Phone 227-6391		
TRANSPORTER		EP.	A IDENTIFICA	ATION NO.	<u> </u>		
COMPANY) A.M.	£	STA	TE I.D. COI	DE		
CITY					PHONE		
This is to certify acceptance of the above	•	* *					
Signature	Print N	Name			Date Received		
TREATMENT/DISPOSAL FACILITY					E NO		
COMPANY	TON ENNIL	F/((STA	TE I.D. NO.	· 		
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ADDRESS 1-120 WISCONS	IN BLVD		PU	RCHASE OR	DER		
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transportation according 2069 23855						•	
Signature	Print N	Name	1. KK	4 K DON	Phone	227-6391	
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ADDRESS						: 1	
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transportation accord 40 06093855					
Signature	Print N	lame/	REAL	3301	Phone <u>227-6391</u>
TRANSPORTER					
COMPANY	SAME	*			DE
ADDRESS					
This is to certify acceptance of the above					ropriate placerds were offered
Signature _ *	Print N			• •	Date Received
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TREATMENT/DISPOSAL FACILITY COMPANY	on LANTEN	_			E NO.
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ADDRESS 1/20 WISCONS						
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This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged, r	marked and	abeled, and are in pr	oper condition for
transportation according to the application	he regulations of the D	epartment of Tr	ansportation a	and the EPA	Keep gold copy fo	or your records.
Signature	Print I	Name	· TREAS	20V	Phone <u>-7</u>	27-6391
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ADDRESS			JOB	I.D. NO	· · · · · · · · · · · · · · · · · · ·	
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ADDRESS1 120 WISCONS	SIN BLVD.		PU	RCHASE OR	DER		
CITYDAYTON	STATE	OHIQ	45401	ZIP	PHO	1E	.
This is to certify that the above named n	naterials are properly cla	ssified, describe	d, packaged,	marked and l	abeled, and are	in proper co	ndition fo
transportation according to 960 22356	the regulations of the D	epartment of Tr	ansportation	and the EPA.	. Keep gold co	py for your	records.
Signature	Print !						
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ADDRESS 20 WISCONS					DER
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This is to certify that the above named m	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation accor	e regulations of the D	epartment of Tra	ansportation a	and the EPA	. Keep gold copy for your records.
Signature	Print !	Name	· RE 194	a trail	Phone 227 6341
TRANSPORTER					
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ADDRESS			JOE	3 I.D. NO	· · · · · · · · · · · · · · · · · · ·
CITY	STATE		;	ZIP	PHONE
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Signature	Print I	Name		·	Date Received
TREATMENT/DISPOSAL FACILITY		•			E NO
COMPANY ATTA	1 LANZE	11	STA	TE I.D. NO.	
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This is to certify completion of treatmen		or disposal in co	mpliance wit	h appropriat	e regulations. Keep canary copy for
your records. Forward white copy to	generator. Processing	of your invoice	will begin u	pon receipt	of signed copy of this manifest.
Signature	Print I	Name	· · · · · · · · · · · · · · · · · · ·		Date
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TY	PE MATERIAL DESCRIPTION
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ADDITIONAL INFORMATION:				
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				CODE NO. (14) 060928 61
GENERATOR DELCO MORAL	NE DIV. GMC			NO
CITY DAYTON	STATE			PHONE
This is to certify that the above named m	aterials are properly cla	OHIO ssified, describe	d, 6540Jed, marked	ORDERPHONEand labeled, and are in proper condition for EPA. Keep gold copy for your records.
transportation according to the applicat	le regulations of the D	epartment of Tra	ansportation and the	EPA. Keep gold copy for your records.
Signature	Print I	Name	LIKE ARDO	N Phone 227 6391
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COMPANY	Am	· _		CODE
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This is to certify acceptance of the above				
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Signature	Print 1	Name		Date



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GENERATOR DELCO MORA	NE DIV. GMC				ENO (4) 460 134 61
ADDRESS 1420 WISCONS					DER
CITY DAYTON	STATE	OUIO-		IP	PHONE
CITY DAYTON This is to certify that the above named m UHD 06092856 transportation according to the applical	aterials are properly cla	ussified, describe	d5401 d, packaged, r	narked and I	abeled, and are in proper condition for
transportation according to the applicat	ple regulations of the D	epartment of Tra	ansportation a	ind the EPA.	Keep gold copy for your records.
Signature In the house	<u> Print I</u>	Name <u>Cara</u>	A. Clo	1009	Phone 2/1/3//
TRANSPORTER	1				
COMPANY		•			DE
ADDRESS	116		JOE	I.D. NO	
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This is to certify acceptance of the above	ve materials for shipme	nt. Keep pink co	py for your re	cords. Appr	opriate placards were offered.
Signature	Print !	Name			Date Received
TREATMENT/DISPOSAL FACILITY		EP.	A IDENTIFICA	ATION COD	E NO
COMPANY	Crown AFT 11				
ADDRESS		<u> </u>	JOE	NO	
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This is to certify completion of treatmen					
your records. Forward white copy to	generator. Processing		\$1. H		and the second of the second o
Signature	Print !	Name			Date



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CITY DAYTON	STATE	UTHG.		ZIP	DERPHONE 227-639
This is to certify that pro 100092856					
transportation according to the applica			ansportation a		
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COMPANY SAME	· •				
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GENERATOR DELCO MORANIE S				TION COD	ENOP/1 DO6092	5561
COMPANY NAME 120 WISCONSIN	BLVD.		STAT	E I.D. NO.		
ADDRESSDAYTON	STATE OF	uo 4:			DER PHONE	
This is to certify that the 2009285590 m	naterials are properly cla	ssified, describe				
transportation according to the applical	ble regulations of the D	epartment of Tr	ansportation an	d the EPA	. Keep gold copy for you	ur records.
Signature	Print I	Name 📐 🗡	FARE	201	Phone 2 2 2 2	6391
TRANSPORTER		EP	A IDENTIFICAT	TION NO.		<u> </u>
ADDRESS	-		STAT	E I.D. COI	DE	
CITY						
This is to certify acceptance of the about						1
Signature	Print !	Name			Date Received	
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ADDRESS CITY 19-10	STATE C	241,0	JOB I		PHONE	
This is to certify completion of treatmen					the second secon	
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GENERATOR DATES	DIV. GMC	-83_EP					-
ADDRESS 1420 WISCONSIN	BLVD.				RDER		
	STATE						
This is to certify that the above named n OHD 060928561 transportation according to the applica	naterials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and a	re in proper c	ondition fo
transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation	and the EPA	Keep gold c		
Signature	Print l	Name 🟒 . 🗡	FAR	DON	Pho	ne <u>227</u>	6391
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			ST	ATE I.D. CO	DE		
ADDRESS				B I.D. NO	·		
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This is to certify acceptance of the abo	·						
Signature	Print l	Name			Date	Received _	· · · · ·
TREATMENT/DISPOSAL FACILITY COMPANY SALES	ULANDE	LL EP			DE NO		
ADDRESS						_	
CITY DAUMEN	STATE	OHIC	, ·		PHO		
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your records. Forward white copy to							
Signature	Print I	Name			Date	·	



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GENERATOR DELCO MORIES	HOW. GMC 2 -5			ATION COD	ENO CATO	100 8 V61
COMPANY NAME 1400 MURAIN	E'DIV. GMC	EF	STA	TE J.D. NO.		
COMPANY NAME 1420 WISCONSI ADDRESS			PUF	CHASE OR	DER	
CITYDAYLON	STATE	DHIO	45401 2	IP	PHONE	·
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transportation according to the applica	ble regulations of the D	epartment of Tr	ansportation a	ind the EPA	. Keep gold copy	for your records.
Signature Signature	Print I	Name	(E A	REAM	Phone =	227 6391
TRANSPORTER 5		EP	A IDENTIFICA	ATION NO.		
COMPANY	JAn 8		STA	TE I.D. CO	DE	
ADDRESS			JOB	I.D. NO		
CITY	STATE		4	<u> </u>	PHONE	
This is to certify acceptance of the abo	•	• •				
Signature	Print I	Name			Date Rec	ceived
TREATMENT/DISPOSAL FACILITY	1 /	EP	A IDENTIFICA	ATION COD	E NO	
COMPANY SA A 1 10						
ADDRESS	20/ 0=== /	76/10	JOB	8 NO		
This is to certify completion of treatmen your records. Forward white copy to	generator. Processing	of your invoice	will begin up	on receipt	of signed copy o	f this manifest.
Signature	Print I	Name			Date	A STATE OF S



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			S	TATE I.D. NO.	
ADDRESS			Pl	JRCHASE OR	DER
CITY DAYTON					PHONE
This is to certify that the above 2856	naterials are properly cla	ssified, describe	d, packaged	I, marked and I	abeled, and are in proper condition fo
transportation according to the applica	•	•			
Signature	Print I				Phone <u>-227-6391</u>
TRANSPORTER	C 1	EP			
COMPANY		<u> </u>			DE
CITY					PHONE
This is to certify acceptance of the abo				,	·
Signature	•				
TREATMENT/DISPOSAL FACILITY COMPANY	ON LANS	EP	A IDENTIFI S	CATION COD	E NO
•				OB NO	
CITY	STATE	0410		ZIP	PHONE
This is to certify completion of treatmen	it, storage, reclamation,				
your records. Forward white copy to	generator. Processing	of your invoice	will begin	upon receipt	of signed copy of this manifest.
Signature	Print I	Name	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date
					



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GENERATOR DATE S COMPANY NAME DELCO MORAIN	E DIV. GMC		and the second second			
ADDRESS 1.20 WISCONS			PUF	RCHASE OF	IDER	
CITYDAYTON						
This is to certify that the above named m						
transportation according 046022856					***	
Signature	Print I	Name			Phone 227-639/	
TRANSPORTER			A IDENTIFICA	ATION NO.		
COMPANY					DE	
ADDRESS						
CITY					PHONE	
This is to certify acceptance of the above	•	• •	- -			
Signature	Print I					
TREATMENT/DISPOSAL FACILITY COMPANY SOUT / 1/4/9	ton LANC	COLC EP.	A IDENTIFICA	ATION COD	DE NO.	
ADDRESS	JUN WIND					
CITY DALITON	STATE 6	110			PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to				_		
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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	ER TYPE	MATERIAL DESCRIPTION
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GENERATOR DELCO MORARNE	HOPLOGMO 3-11-	S EP	A IDENTIFIC	ATION COD	ENO.0,4006092856/
ADDRESS 20 WISCONSI	N BLAD	DHIQ	45401 STA	ATE I.D. NO. POHASE OR	DER
CITY DAYTON	STATE	1.			PHONE
This is to certify that the above 192856	terials are properly cla	ssified, describe	d, packaged,	marked and	labeled, and are in proper condition for
transportation according to the applicat	ole regulations of the De	epartment of Tra	ansportation a	and the EPA	Keep gold copy for your records.
Signature	Print N	Name	1 FAK	DOW	Phone 21 1-6591
TRANSPORTER	•	EPA			
COMPANY					DE
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This is to certify acceptance of the above					
Signature	*				
TREATMENT/DISPOSAL FACILITY					E NO
COMPANY SOUTH DA	yton FAI	DFILE	STA	TE I.D. NO.	ENO.
ADDRESS		· · · · · · · · · · · · · · · · · · ·	JOE	3 NO	
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your records. Forward white copy to	generator, Processing	of your invoice	wiii Degin U	Pou receipt	or signed copy of this manifest.
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GENERATOR DELCO MATERIA	HIDDED 9 //	83 FP	A IDENTIFIC	ATION COD	NO.CHOCODO	156
LCOMPANY NAME			ST/	ATE I.D. NO.		
ADDRESS 1420 WISCONS		OUIO			DER	
•	VINIE				PHONE	
This is to certify that the above named to 0HD 06092856 transportation according to the applical	laterials are properly cla ble regulations of the D	epartment of Tra	a, packagea, ansportation	marked and i and the EPA.	Abeled, and are in proper con-	ecords.
Signature 1	Print I	Name J	KITAK	DON	Phone 27-6	34/
TRANSPORTER						
COMPANY SAME					PE	
ADDRESS			JOI	3 I.D. NO		
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This is to certify acceptance of the about	·	-				- 1
Signature						
COMPANY OUTH LA	yton Lan.	OF/CEP	A IDENTIFIC ST/	ATION CODI ATE I.D. NO.	E NO	
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GENERATOR DATE S			_	ATION COD	ENOUID DOGO	92856
COMPANY NAME DELCO MORAINE						
ADDRESS 1420 WISCONSII	A SI AU		PU	RCHASE OR	DER	·
ADDRESS 1420 WISCONSIS CITY DAYTON This is to certify that the above named m	STATE	DI 110		ZIP	PHONE	
This is to certify that the above named m	naterials are properly c	describe	aged,	marked and	labeled, and are in prope	∍r condition for
transportation according 050928561	ble regulations of the D	epartment of 16	ansportation	and the EPA マルッパ	. Keep gold copy for y	our records. フィッマタイ
transportation according 060328551	Print	Name	11 1211	DON	Phone Phone	16271
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Signature	•					
TREATMENT/DISPOSAL FACILITY		` FP			E NO	
COMPANY S. DAyto	NFANDI					
ADDRESS				B NO	<u> </u>	<u> </u>
CITY DAYTON					PHONE	
This is to certify completion of treatmen						
your records. Forward white copy to		•				manifest.
Signature	Print I	Name		er gerie. Griffen ander som en	Date	



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D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAIN	NER TYPE	MATERIAL DESCRIPTION
NONHAZ		211/05			BOXES KNRUBUAR
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GENERATOR LCO MORAIN	C BUL ALIA				ENO.CH D060928561
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GENERATOR DELCO MORNINS				ATION COD	ENO.CHDC 60928561
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ADDRESS 1420 WISCON	SIN BLVD.		PI	URCHASE OF	DER
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GENERATOR COMPANY NAME DELCO MORAL	NE DIV. GMC			DE NO. <u>05/2-960928161</u>
ADDRESS 1420 WISCON			PURCHASE OF	RDER
	STATE	OHIO -	- 45401 ZIP	PHONE
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transportation according to the application	the regulations of the D	epartment of Tr	ansportation and the EPA	Neep gold copy for your records.
Signature	Print I	Name	· KEARSON	Phone 2276391
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COMPANY NAME DELCO MORAII	NE DIV. GMC				
ADDRESS 1420 WISCONS					DER
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This is to certify that the above named no. 1010,06092856 transportation according to the applica	naterials are properly cla	ssified, describe	d, packaged ensportation	, marked and I	Reen gold copy for your records
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ADDRESS1420 WISCONS CITYDAYTON	IN BLVD,				DER PHONE	
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your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.								
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This is to certify acceptance of the above					ropriate placards were offered.
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COMPANY NAME DELCO MORAINI	DIV. GMC				E NO.
ADDRESS 1420 WISCONSI					DER
CITYDAYTON	STATE	OHIQ-	45401.	ZIP	PHONE
This is to certify that the above named m	aterials are properly cla	ssified, describe	d, packaged,	marked and I	abeled, and are in proper condition for
transportation according 060928561	le regulations of the De	epartment of Tra	insportation	and the EPA.	Keep gold copy for your records. Phone 2276291
Signature	Print N	Name	. /K & .	A x	Phone
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Signature	Print N	Name			Date Received
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CITY	01/16	0416		ZIP	PHONE
This is to certify completion of treatment your records. Forward white copy to Signature	generator. Processing (of your invoice Name	will begin t	pon receipt	of signed copy of this manifest.



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ADDRESS1-120 WISCONS			STATE I.D. NO.	DDED
CITYDAYTON	STATE	OHIO	_45403_ ZIP	PHONE
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transportation according to 160 application	regulations of the De	epartment of Tr	ansportation and the EPA	Keep gold copy for your records.
Signature	Print N	Name	NE AR SW	Phone
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ADDRESS			JOB NO	PHONE
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	IN BLVD.				
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This is to certify acceptance of the above	e materials for shipmer	nt. Keep pink co	py for your re	ecords. Appi	ropriate placards were offered.
Signature	Print N	lame			Date Received
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This is to certify completion of treatment your records. Forward white copy to					三 「
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ADDRESS 1-120 WISCONS		···············	STATE I.D. NO	BDER
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			insportation and the EPA	Neep gold copy for your records.
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ADDRESS 1420 WISCON					DER
	STATE				PHONE
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ADDRESS 1:20 WISCONSIN			PUR	CHASE OR	DER
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transportation according to the application	ole regulations of the D	epartment of Tra	insportation a	ind the EPA.	Keep gold copy for your records.
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TRANSPORTER		EP.			
COMPANY		1 2			DE
ADDRESS	OTATE				DUONE
This is to certify acceptance of the above					PHONE
Signature	Print N	• •	py 10. y 00.		Date Received
TREATMENT/DISPOSAL FACILITY			A IDENTIFICA	TION CODI	
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ADDRESS				NO	
CITY	STATE	01110	1	4.5	PHONE
This is to certify completion of treatment					
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COMPANY NAME DELCO MORAIN	IE DIV. GMQ		ST	ATE I.D. NO.		
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transportation according 0060233856						
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transportation accord HPO 96023856	e regulations of the De	epartment of Tra	insportation	and the EPA.	Keep gold copy for your records.	
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TRANSPORTER CALL	بر برسم	_ EP/	A IDENTIFIC	ATION NO		
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transportation according to Q6092356					Phone 227 331			
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Signature	Print N	Name	STOR.	カマシのん	Phone 2276391	
TRANSPORTER	•		A IDENTIFIC	ATION NO.		
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	MATE	RIAL DISPOS	SITION		
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COMPANY NAME DELCO MORAL	NE DIV. GMQ		ST/	ATE I.D. NO.	ENO. 0/13/06/91 8561
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COMPANY NAME DELCO MORAL ADDRESS 1:20 WISCON CITY DAYTON This is to certify that the above named transportation accord DECO MORAL	NE DIV. GMQ SIN_BLVD. STATE materials are properly cla	9HIQ ssified, describe epartment of Tr	ST/ PUI 45401 d, packaged, ansportation	ATE I.D. NO. RCHASE OR ZIP marked and I and the EPA.	DER PHONE abeled, and are in proper condition for Keep gold copy for your records.
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